

Train the Trainer Toolkit

*Acute Stroke
Care Education*

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Acronyms:

BPT: Best Practice Team

CoP: Community of Practice

CRSN: Champlain Regional
Stroke Network

CSBPR: Canadian Stroke Best
Practice Recommendations

TTT: Train-the-Trainer

INTRODUCTION

INTRODUCTION: STROKE CARE

Quality Based Procedures for stroke recommend that interprofessional stroke teams across the continuum receive education and training to promote stroke expertise.

The core stroke team should consist of health care professionals with stroke expertise in:

- Medicine
- Nursing
- Speech Language Pathology
- Occupational Therapy
- Physiotherapy
- Social Work
- Clinical Nutrition

To support development of stroke expertise, health care professionals should be individuals who spend much of their time treating stroke patients and regularly complete education about stroke care (Health Quality Ontario and Ministry of Health and Long-Term Care, 2015).

The *Canadian Stroke Best Practice Recommendations (CSBPR)* are a primary resource to support stroke expertise and are intended to provide up-to-date evidence-based guidelines for the prevention and management of stroke, and to promote optimal recovery and reintegration for people who have experienced stroke. There is also an emphasis on continuing education due to the emergence of new evidence that results in changes to best practices in stroke care.

WHAT IS THIS TOOLKIT FOR?

The toolkit outlines a ‘Train the Trainer’ (TTT) program for hospitals in collaboration with the Champlain Regional Stroke Network (CRSN). The toolkit provides information and practical guidance on preparing healthcare professionals to provide stroke best practices within an acute care setting. It is intended to increase the confidence and skills of frontline staff, so they can be most effective in delivering best practice in stroke care, and to build capacity within their stroke unit facilities to provide ongoing training of staff at their site.

Benefits of Using This Toolkit

The benefits of using this toolkit are that sites providing inpatient stroke care will be informed, prepared and undergo sustainable training that will have impact on the quality of stroke care provided.

How To Use the Toolkit

The content is broken down into 3 units:

1. Site Preparation
2. Education Days
3. Post Implementation Follow Up

TOOLKIT OVERVIEW

1. Preparation

- Memorandum of Understanding
- Select site Champions to be trained by CRSN Best Practice Team (BPT)
- Pre-site visit
- Pre-requisite readings for Champions and participants

2. Education Days

- Session 1: CRSN BPT deliver stroke education to site Champions
- Session 2: CRSN BPT deliver stroke education to site participants and site Champions observe
- Session 3: Site Champions deliver stroke education to site participants and CRSN BPT observe and provide feedback
- Session 4: Site Champions deliver stroke education to site participants independently

3. Post Implementation

- CRSN BPT & Site Champions participate in Community of Practice for ongoing support
- Metrics dashboard
- Acute self-assessment surveys for ongoing educational needs

TRAIN THE TRAINER APPROACH

Background

Train-the-Trainer (TTT) refers to a program of education where practitioners receive training on a defined subject and instruction on how to train, monitor, and supervise other professionals¹.

Train the Trainer programs combining face-to-face training sessions with additional e-Learning modules have been found to be more effective when compared with solely traditional instructor-based training^{2,3}.

In the context of this toolkit TTT means the CRSN BPT trains Champions at each site who then provide internal and ongoing training to their teams involved in acute stroke care. Such an approach allows for sustainability of ongoing training at facilities where the process was adopted. The CRSN BPT support the trained site Champions and clinical educators through mentorship and training on new best practices through a Community of Practice (CoP) post implementation.

Benefits of Using the TTT

When used well, the benefits of using TTT are:

- Knowledge is retained - learners pay more attention when they are required to teach the subject themselves.
- Learners become skilled Champions.
- Teaching builds leadership skills.
- There is a competent in-house trainer available to follow up with the delegates until the new skills become entrenched and to teach new staff.
- Learning is effective when the teacher is known to the learner.
- It is convenient - training can be organized around the clinicians' working day and in their own locality.
- Training can be arranged with a variety of staff to encourage greater team work, awareness and understanding of each other's role.
- Training can be customized to meet the needs of the local population.
- It is a sustainable method.⁴

Cautions for Using the TTT

Using the TTT approach will not be effective if:

- Practitioners identified as trainers are not capable or willing to teach.
- New trainers are not supported to train others (i.e. not given time, recognition, supervision, administrative assistance).
- The organization has no system in place to deliver the training.
- The trainers do not have an opportunity to be engaged in ongoing learnings and updates on best practices to stay current.^{5,6}

Section 1

PREPARATION

MEMORANDUM OF UNDERSTANDING

Prior to the beginning of the TTT program, an agreement is required between the hospital/site unit leaders and the CRSN. This memorandum of understanding is intended to indicate your intention to commit to the TTT process and the continued support of your site Champions in facilitating stroke best practices. This agreement will be reflected by the hospital/site leaders signing the memorandum of understanding below.



Insert Date

Memorandum of Understanding

Train-the-Trainer Stroke Education Program

This letter is to indicate the commitment of *(insert hospital/site name)* to commit to the Trainer-the-Trainer program outlined in the CRSN tool kit for best practice stroke care in an acute care setting to ensure sustainable stroke training for our staff. We understand the commitment required on our part to identify Champions and support their role in the training process and sustainability of this education delivery. We understand that this will include acknowledging the responsibility of our facility/site to then provide adequate time for the Champions to train all new staff in this same manner. This will also include maintaining the knowledge level of previously trained staff and facilitating practice change as best practices are instituted to improve stroke care by remaining current with best practices.

Name of Site Manager/Leader *Signature* *Date*

Champlain Regional Stroke Network *Signature* *Date*

See [Appendix 1](#) for a printable version of this memorandum.

SELECTING CHAMPIONS

Each site will need to identify Champions who will be designated as those individuals to work with the CRSN BPT for the TTT process.

Champions will need to be selected for:

- ❖ Nursing (RN)
- ❖ Speech Language Pathology (SLP)
- ❖ Occupational Therapy (OT)
- ❖ Physiotherapy (PT)
- ❖ Social Worker (SW) (or equivalent* team member who can take the Champion role for depression screening)

The selected individuals should have acute stroke care experience and follow a code of conduct appropriate for the position of Champion. The Champion should be considered a stroke resource to provide opportunities to enhance staff expertise on the unit.

Role of Clinical Educator (or equivalent):

- Work with Champions to coordinate training times for new staff.
- Organization of regular stroke unit skill acquisition refresher sessions (e.g. annual or as determined by the facility/site).
- Identification of ongoing stroke learning needs.

Role of Champions (RN, SLP, OT, PT, SW)

- Provide discipline-specific skills education including refresher sessions and new staff orientation as needed.
- Act as a clinical resource for all staff involved in stroke care delivery.
- Assist Clinical Educator in identifying stroke unit learning needs.

Expectations of the Champions

- Attend training session with BPT (session 1).
- Observe stroke education delivery by BPT (session 2).
- Provide remaining stroke education sessions (sessions 3 & 4) and provide ongoing training at their site, including refresher sessions and new staff orientation as needed.
- Keep current with stroke best practices, self-evaluate education needs to ensure a well-rounded knowledge of discipline skills (*see Core Competencies in [Appendix 2](#)*).
- Actively participate in Community of Practice with CRSN BPT.
- Act as a stroke resource for colleagues providing stroke care.
- Assist the Clinical Educator in identifying ongoing stroke care learning needs.
- Select and train a new site Champion if the champion is no longer able to resume their responsibilities in the designated Champion role.
- The Champion should be considered a stroke resource to provide opportunities to enhance staff expertise on the unit.
- Facilitate knowledge sharing, problem solving, collaboration, and increase the consistency of stroke care delivery between healthcare providers at their site.

In order to achieve and maintain this level of knowledge, it is recommended that site leaders develop a process for the Champion to:

- Participate in regional education opportunities in the care and management of stroke patients.
- Encourage networking with interprofessional stroke teams in other facilities/sites.

PRE-SITE MEETING

Once the memorandum of understanding is signed, a pre-site meeting will be set where the site leaders (including the CRSN Steering Committee stroke leader, Unit Manager, Clinical Educator and Champions) will meet with the CRSN team.

The purpose of the pre-site meeting is to:

- 1) Gather an understanding of stroke care and current stroke practices at your site (i.e., unit size, stroke volumes, staffing mix, patient-staff ratios, perceived gaps); and
- 2) Review the TTT program and stroke education session format.



Date

DRAFT Pre-Site Visit Meeting Agenda

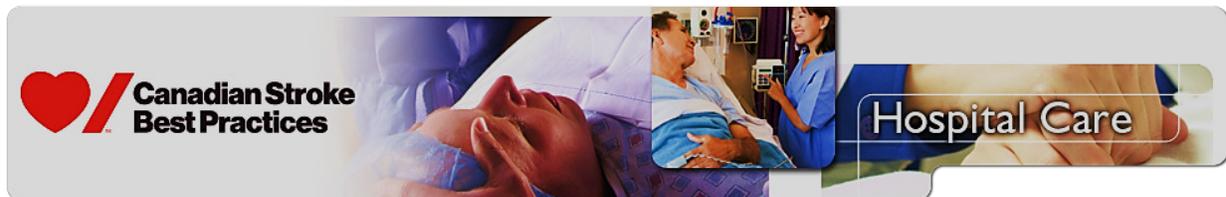
1. Introductions
2. Site Context
3. Tool kit and Train-the-Trainer program
4. Pre-requisites for site Champions and site participants
5. Stroke education session delivery (content, timelines)
6. Assessment and evaluation
7. Sustainability and ongoing CRSN support

See [Appendix 3](#) for a printable version of this Agenda.

PRE-REQUISITE READINGS - REQUIRED & RECOMMENDED

The links for all required and recommended pre-requisites can be found in [Appendix 2](#).

All Champions and participants are required to review the Canadian Stroke Best Practice Recommendations: Acute Stroke Inpatient Stroke Care Guidelines.



- ❖ *Additional requirements* for Champions are listed below.
- ❖ *Recommended readings* for both Champions and participants are listed below.

Nursing:

Champion Additional Requirements

- Canadian Stroke Best Practice Recommendations for Emergency Department & Critical Care (for sites administering Alteplase): Hyperacute Stroke Care Guidelines
- Hemispheres: Modules 1-8 & Module 8 NIHSS Certification
- Southwestern Ontario Stroke Network: Modules 1, 2, 4, 6, 7, 8, 9, 10, 11
- Dysphagia Screening Post Stroke e-module
- Heart & Stroke - Your Stroke Journey—Review patient booklet

Participant Additional Requirements

- Canadian Stroke Best Practice Recommendations for Emergency Department & Critical Care (for sites administering Alteplase): Hyperacute Stroke Care Guidelines
- Hemispheres Module 8: NIHSS Certification
- Heart & Stroke - Your Stroke Journey—Review patient booklet
- Dysphagia Screening Post Stroke e-module

Recommended Readings

- Southwestern Ontario Stroke Network: Modules 1, 2, 4, 6, 7, 8, 9, 10, 11

Occupational Therapy:

Champion Additional Requirements

- South East Ontario Stroke Network: Less Visible Impact of Stroke
- Stroke Engine: Unilateral Spatial Neglect eLearning Module
- Southwestern Ontario Stroke Network: Modules 7 & 9

Physiotherapy:

Champion Additional Requirements

- Southwestern Ontario Stroke Network: Module 7
- Southwestern Ontario Stroke Network: Hemi-Arm Protocol
- Taking Action for Optimal Community and Long-Term Stroke Care: Chapters 4 & 6
- Stroke Engine Aerobic Activity Post Stroke eLearning module
- Canadian Partnership for Stroke Recovery Clinician's Guide for aerobic activity post stroke

Social Work:

Champion Additional Requirements

- Canadian Stroke Best Practice Recommendations: Mood, Cognition and Fatigue
- Canadian Stroke Best Practice Recommendations: Managing Transitions of Care
- Southwestern Ontario Stroke Network: Modules 2 & 10
- Heart & Stroke - Your Stroke Journey

Recommended

- Southwestern Ontario Stroke Network: Modules 9 & 11

Participant Recommended Readings

- Canadian Stroke Best Practice Recommendations: Mood, Cognition and Fatigue
- Canadian Stroke Best Practice Recommendations: Managing Transitions of Care
- Southwestern Ontario Stroke Network: Modules 2, 9, 10, 11

Speech Language Pathology:

Champion Additional Requirements

- Dysphagia Screening Post Stroke e-module
- Canadian Stroke Best Practice Recommendations: Managing Transitions of Care
- Canadian Stroke Best Practice Recommendations: Mood, Cognition and Fatigue
- Evidence-based Review of Stroke Rehabilitation: Chapters 14 & 15

RECOMMENDED RESOURCES & TOOLS (ALL)

Stroke Core Competencies

The Stroke Core Competencies (SCC) are a framework consisting of a core set of stroke competencies for six disciplines - Nursing, Occupational Therapy, Physical Therapy, Speech-Language Pathology, Social Work, and Recreation Therapy. The SCC were created to support health care professionals who may be working in stroke care to build stroke expertise. The framework supports a baseline level of competency required for the delivery of evidence-based stroke care.

Taking Action for Optimal Community and Long-Term Stroke Care

Taking Action for Optimal Community and Long-Term Stroke Care (TACLS) is an evidence-based resource that provides guidance around how to provide safe care for people who have had a stroke and are living in community and long-term care settings. The goal of TACLS is to provide information to support healthcare providers as they work together with people who have had a stroke to help them achieve optimal outcomes, regain their best level of functioning, and live meaningful lives.

Stroke Engine

This site can be used to find the most current information about the value of the various interventions used in stroke rehabilitation as well as psychometric and pragmatic properties of assessment tools used in stroke rehabilitation.

Heart & Stroke - Stroke Assessment Pocket Guide

For healthcare providers. A quick reference to patient care. Includes Canadian Neurological Scale, National Institute of Health Stroke Scale (NIHSS), and information about developing a personalized management plan.

Heart & Stroke - Your Stroke Journey: A guide for people living with stroke

A comprehensive book to help patients and their families understand stroke and the recovery process.

STROKE UNIT INDICATORS

It is strongly recommended that your site collect stroke unit quality indicators to assess the uptake and effectiveness of the training program in relation to stroke care at your site.

It will be important to measure these stroke unit quality indicators prior to the launch of the TTT and post implementation to measure stroke education impacts and ongoing learning needs.

A sample stroke indicator dashboard follows based on the stroke education session learning objectives and the CSBPRs.

Review and determine what items will be collected based on your site goals.

Consider how the measures will be done and by whom.

Ongoing use of the stroke indicator dashboard will identify areas of needed training and improvement post-implementation.

Sample Stroke Indicator Dashboard

Indicator	Target	Pre-TTT (Baseline)	Post-TTT (Follow-up)	Outcomes   
NIHSS certification completed				
NIHSS documented on each patient				
Interdisciplinary team assessment within 48 hrs of admission documented with management plan				
Proportion of patients referred to allied health (OT, PT, SLP, SW)				
Evidence of self-management education to patient, family and caregiver (GAP tool)				
Clinical stroke pathway compliance				
Formal, individualized assessment to determine the type of ongoing required rehab services documented when patient status has stabilized, and within 72 h post-stroke, using standardized protocol (e.g. Using tools like AlphaFIM)				
Proportion of patients with dysphagia screening				
Incidence of pneumonia (related to aspiration)				
Incidence of DVT				
Incidence of falls				
Incidence of pressure ulcers				
Incidence of shoulder dislocation/subluxation				
Documented toileting out of bed				
PHQ-9 completed				
AlphaFIM completed by day 3				
Outpatient rehab referrals sent on discharge				
Completed transfer note and discharge summary				

 Needs improvement

 Progressing

 On target

Pre-Training Checklist

<u>Completed</u>	<u>Task</u>	<u>Who is responsible?</u>
___	Review toolkit	Facility/Site
___	Sign memorandum of understanding	Facility/Site
___	Identified Champions for each discipline	Facility/Site
___	Set date for pre-site visit	Facility/Site & CRSN
___	Develop stroke indicator dashboard and collect baseline indicators	Facility/Site
___	Set “go live” date	Facility/Site
___	Prerequisites completed by Champions	Champions
___	Schedule education sessions	Facility/Site & CRSN



Section 2

EDUCATION

PROGRAM OF LEARNING

How you deliver the education sessions will depend on the context, the learners and the time available. For example, the education days may be delivered as a day long program or two half day programs.

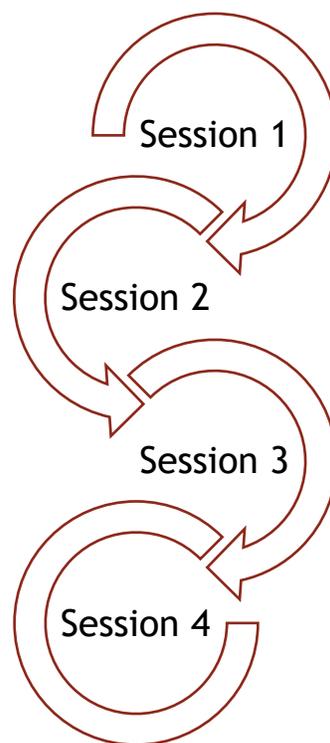
Format

Session 1: CRSN BPT deliver stroke education to site Champions

Session 2: CRSN BPT deliver stroke education to site participants and site Champions observe

Session 3: Site Champions deliver stroke education to site participants and CRSN BPT observe and provide feedback

Session 4: Site Champions deliver stroke education to site participants independently



Sample Event Agenda

Stroke Unit Education Day

Dates: Time: 08:00-16:00 Location: (site and room)

Learning Objective: By the end of the training session participants will be able to discuss comprehensive care of stroke patients based on CSBPRs.

Time	Topic	Speaker
	<i>Registration</i>	
8:00-8:10	Introduction, goals for the day	Stroke Site Leader
8:10-9:40	Topics based upon the site-specific needs & discussion with Clinical Educator, examples: 1. Anatomy/Physiology 2. Stroke mechanisms & treatments	Stroke Nurse Specialist
9:40-9:55	<i>Health Break</i>	
9:55-11:25	4. Communication Post Stroke 5. Dysphagia	Speech Language Pathologist
11:25-12:10	6. Post Stroke Depression (review PHQ-9) 7. Transitions of Care 8. Community Reintegration	Social Worker
12:10-12:40	<i>Health break</i>	
12:40-13:40	9. Functional use of affected upper extremity after stroke 10. ADL's 11. Cognitive, visual and perceptual deficits in a functional context 12. Positioning for function	Occupational Therapist
13:40-14:30	13. Aerobic activity 14. Repositioning 15. Transfers and Mobility focus upon: • Injury Prevention, pain management • Optimizing patient participation 16. Increasing mobility	Physiotherapist
14:30-15:30	Transfers practical	Occupational Therapist and Physiotherapist
15:30-15:50	Case study	Best Practice Team
15:50-16:00	Wrap up, next steps	Site Stroke Educator

See [Appendix 4](#) for a printable version of this agenda.

Session Overview

Session	Topic(s):	Learning Format(s)
1. BPT teaches Champions	<p>Select topics based on knowledge and confidence in the following content:</p> <ul style="list-style-type: none"> • Anatomy/physiology • Stroke mechanisms • Stroke treatments • Patient teaching • Communication Post Stroke • Dysphagia • Interprofessional practical session at end • Post stroke depression (review PHQ9) (see Appendix 5) • Post Stroke Fatigue • Sexuality/Intimacy Post Stroke • Transitions of care • Rehab options • Resources/education (i.e. Your Stroke Journey) • Community reintegration - share community resources for stroke in Champlain • Aerobic activity • Repositioning • Transfers and mobility • Functional use of affected UE post stroke • Visual perceptual deficits • Cognition (including apraxia) in the context of ADLs (eating, grooming, toileting, dressing, bathing) 	<p>Interactive with case study to apply information gathered, demonstration/practice sessions as appropriate for the specific Champion and site needs</p>

<p>2. BPT teaches Wave 1 staff, facility Champions observe</p>	<p>As laid out in mock agenda attached. Support Champion in providing the live education</p>	<p>Focusing on practical clinical application Hoping to have something for everyone (e.g. SW helping someone sign a form from bed with field cut and UE weakness - quick tips on how to effectively do that) An opportunity to do some team teaching with OT and PT related to positioning, handling of hemiplegic arm, functional mobility</p>
<p>3. Facility Champions teach Wave 2 staff, CRSN BPT observe & provide feedback / support</p>	<p>See mock agenda attached 'Stroke Unit Education Day Agenda template'</p>	<p>Focusing on practical</p>
<p>4. Facility Champions teach independently</p>	<p>Ongoing sessions for new staff as per mock agenda or another format that works for the facility based on staffing, timing and content needs</p>	<p>Focus: clinical application and problem solving, case studies.</p>

Training Completion Checklist

<u>Completed</u>	<u>Task</u>	<u>Who is responsible?</u>
_____	Completed session 1	CRSN BPT Champions
_____	Completed session 2	CRSN BPT Champions Participants
_____	Completed session 3	CRSN BPT Champions Participants
_____	Completed session 4	Champions Participants
_____	Completed Evaluation Forms	Participants Champions CRSN BPT



Section 3

POST— IMPLEMENTATION

EVALUATION

Stroke Unit Skills Acquisition by Discipline

The CRSN BPT will review the skills that each discipline should be able to perform to ensure stroke competencies are achieved.

Evaluation Form 1: Participants evaluation

Participants attending the stroke unit education sessions will complete an evaluation of the sessions attended (content, delivery, knowledge translation, satisfaction).

Evaluation Form 2: BPT evaluation

The CRSN BPT will provide the site Champions with feedback on the delivery of the 3rd session (what went well, areas for improvement).

Evaluation Form 3: Champion self evaluation

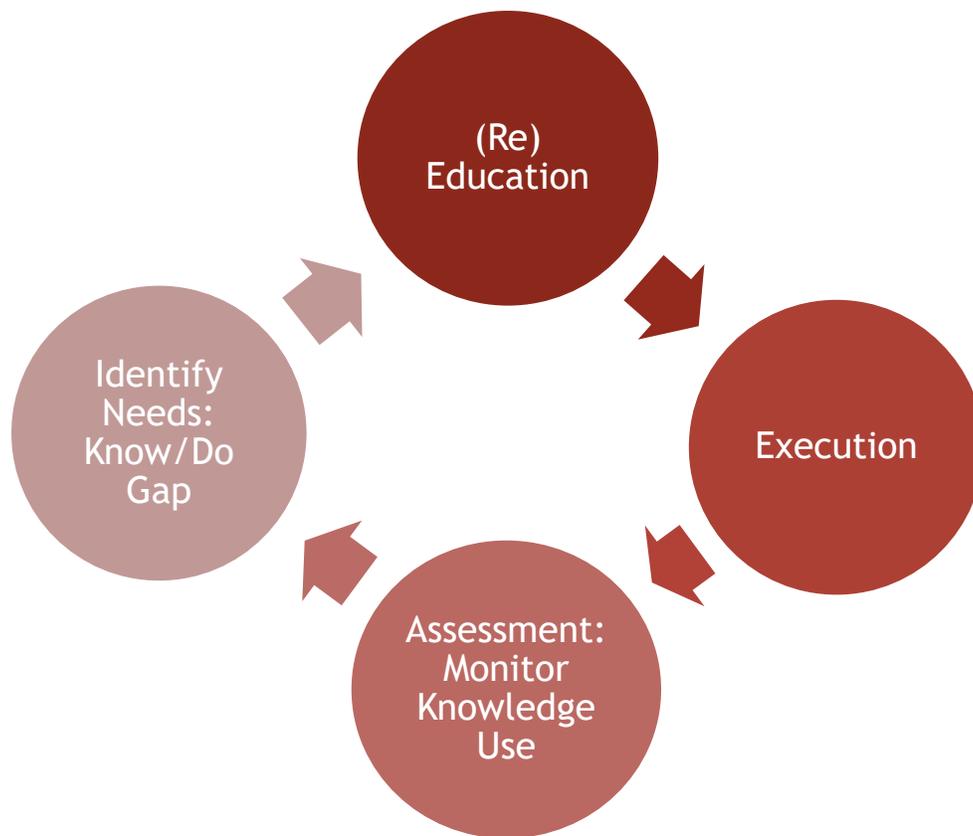
The Champions will provide a self-reflection on their delivery of the 3rd session (what went well, areas for improvement).

Feedback Report

The facility/site will be provided with a summary of the evaluation forms.

SUSTAINABILITY

Once training has been completed and evaluated, a sustainability plan must follow as outlined below.



To ensure sustainability of stroke best practices, sites will need to commit to ongoing assessment of knowledge use within their stroke units. Monitoring knowledge use and evaluating outcomes related to the knowledge use will help identify ongoing educational needs of staff delivering stroke care.

Once the initial TTT sessions are completed all staff will need regular refresher education sessions when best practices change or skills need review. New staff will require training as they join the organization and Champions must stay current in their skills.

Acute self-assessment surveys for ongoing education needs

To get a pulse on knowledge of stroke best practices and ongoing needs, one year after the TTT completion an Acute Self-Assessment survey provided by CRSN should be completed by staff at each site that will allow recommendations on further education needs. The survey is available by contacting the CRSN. The CRSN will provide a summary report of the survey results to the facility/site to support the Clinical Educator and Champions in identifying tailored education sessions to bridge the know-do gaps.

Topics Included in the Survey Summarized by Discipline:

Managers and Educators

Application of CSBPR in areas such as:

- (1) Stroke unit organization in terms of beds and staffing
- (2) Quality improvement initiatives
- (3) Access to tools e.g. clinical pathway and/or GAP tool compliance
- (4) Professional development opportunities to address gaps in knowledge
- (5) Recognizing importance of stroke survivors and care-givers
- (6) Barriers to achieving staffing complement
- (7) Frequency of rounds

RN/OT/PT/SLP/SW:

- (1) Familiarity with CSBPR
- (2) Ability to apply, or barriers to application of CSBPR
- (3) Professional development needs and opportunities

PT

Application of CSBPR in areas such as

- (1) Positioning
- (2) Transfers/mobility
- (3) Aerobic exercise

OT

Application of CSBPR in areas such as:

- (1) Visual, perceptual and cognitive screening, assessment and intervention
- (2) Positioning
- (3) Management of upper extremity
- (4) Resumption of life roles (driving, sexuality, leisure, work)
- (5) Post stroke fatigue.

SLP

Application of CSBPR in areas such as:

- (1) Dysphagia screening process
- (2) Oral health
- (3) Communication assessment and intervention as appropriate

Social Work

Application of CSBPR in areas such as:

- (1) Screening for depression
- (2) Providing counselling on sexuality, depression, return to work, community re-engagement
- (3) Educational resources available and provided
- (4) Discharge planning involvement
- (5) Advance care planning including palliative care

Nurses

Application of CSBPR in areas such as:

- (1) Participation in rounds
- (2) NIHSS certification training q 2 years
- (3) Early mobilization
- (4) Nutrition
- (5) Use of screening tools -
 - Dysphagia
 - Oral health
 - Nutrition
 - Depression
 - Prevention of hemiplegic shoulder pain
 - Falls prevention and management
 - Continence
 - Advance care planning for palliative care
 - Risk factor management (including diet, exercise and smoking cessation)
 - Managing transitions of care

Community of Practice

A CoP can play a significant role in implementing evidence-based practice and promoting quality care.⁷ Once training is completed for the site Champions, they will have the opportunity to participate in a CoP created for CRSN Champion's trained in stroke best practices, facilitated by members of the BPT.

As part of the support offered by the CRSN, the BPT team will do quarterly onsite visits, which will combine shadowing with mutual learning, feedback and an opportunity to ask questions.

Sustainability Checklist

<u>Completed</u>	<u>Task</u>	<u>Who is responsible?</u>
_____	Summary Report of Evaluations for Facility/Site	CRSN
_____	Self-assessment surveys once a year	Facility/Site Clinical Educator Champions Staff
_____	Self-assessment survey results	CRSN
_____	Community of Practice	Champions CRSN BPT
_____	Quarterly site visits	CRSN BPT



ADDITIONAL RESOURCES

APPENDICES

Appendix 1 - Memorandum of Understanding



Insert Date

Memorandum of Understanding

Train-the-Trainer Stroke Education Program

This letter is to indicate the commitment of

(insert name of hospital or site)

to commit to the *Trainer-the-Trainer* program outlined in the CRSN tool kit for best practice stroke care in an acute care setting to ensure sustainable stroke training for our staff. We understand the commitment required on our part to identify Champions and support their role in the training process and sustainability of this education delivery. We understand that this will include acknowledging the responsibility of our facility/site to then provide adequate time for the Champions to train all new staff in this same manner. This will also include maintaining the knowledge level of previously trained staff and facilitating practice change as best practices are instituted to improve stroke care by remaining current with best practices.

Name of Site Manager/Leader *Signature* *Date*

Champlain Regional Stroke Network *Signature* *Date*

Appendix 2 - Links

Site	Link
CorHealth Ontario	www.corhealthontario.ca/
CorHealth Ontario Core Competencies (Disciplines choice on left of site window)	www.corhealthontario.ca/resources-for-healthcare-planners-&-providers/core-competencies
CPSR Clinicians Aerobic Guidelines	www.canadianstroke.ca/sites/default/files/resources/CPSR_Guide_Clinicians-English_WEB.pdf
CPSR Evidence Reviews	www.ebrsr.com/evidence-review/
CSBPR	www.Strokebestpractices.ca
Heart and Stroke Foundation Stroke Recovery and Support	www.heartandstroke.ca/stroke/recovery-and-support
Hemispheres	www.apexinnovations.com
Stroke Assessment Pocket Guide	www.strokebestpractices.ca/wp-content/uploads/2015/04/HSF-Stroke-Assessment-Pocket-Guide.pdf
Stroke Engine <i>including info booklets on assistive devices, leisure + participation, and neglect</i>	www.strokengine.ca/en/
Stroke Engine e-Learning module for aerobic activity post stroke	www.strokengine.ca/wp-content/uploads/2018/08/eAerobics-Login-Pagerev.pdf
SW Ontario Stroke Network	www.swostroke.ca
SW Ontario stroke Unit Orientation	www.swostroke.ca/stroke-rehab-unit-orientation

Modules	
SW Ontario Stroke Network Hemiplegic Arm Protocol	www.swostroke.ca/hemi-arm-protocol/
SW Ontario Stroke Network Positioning and Transfers	www.swostroke.ca/wp-content/uploads/2014/06/Mod7-Leaning-Objectives.pdf <i>(please use the link exactly as is)</i>
Taking Action for Optimal Community and Long Term Stroke Care (TACLS)	www.strokebestpractices.ca/wp-content/uploads/2016/01/HSF_F15_TACLS_booklet_EN_FINAL-LR_Linked-all-sections-23Dec15.pdf
TACLS downloadable resource	www.strokebestpractices.ca/wp-content/uploads/2016/01/HSF_F15_TACLS_booklet_EN_FINAL-LR_Linked-all-sections-23Dec15.pdf
Your Stroke Journey	www.strokebestpractices.ca/wp-content/uploads/2015/03/YOURSTROKEJOURNEY.FINAL_ENGLISH..pdf <i>(please use the link exactly as is)</i>

Appendix 3 - Pre Site-Visit Meeting Agenda

Date

DRAFT Pre Site-Visit Meeting Agenda

1. Introductions
2. Site Context
3. Tool kit and Train-the-Trainer program
4. Pre-requisites for site Champions and site participants
5. Stroke education session delivery (content, timelines)
6. Assessment and evaluation
7. Sustainability and ongoing CRSN support

Appendix 4 - Sample Event Agenda

Stroke Unit Education Day

Dates: Time: 08:00-16:00 Location: (site and room)

Learning Objective: By the end of the training session participants will be able to discuss comprehensive care of stroke patients based on CSBPRs.

Time	Topic	Speaker
	<i>Registration</i>	
8:00-8:10	Introduction, goals for the day	Stroke Site Leader
8:10-9:40	Topics based upon the site-specific needs & discussion with Clinical Educator, examples: 3. Anatomy/Physiology 4. Stroke mechanisms & treatments	Stroke Nurse Specialist
9:40-9:55	<i>Health Break</i>	
9:55-11:25	6. Communication Post Stroke 7. Dysphagia	Speech Language Pathologist
11:25-12:10	9. Post Stroke Depression (review PHQ-9) 10. Transitions of Care 11. Community Reintegration	Social Worker
12:10-12:40	<i>Health break</i>	
12:40-13:40	17. Functional use of affected upper extremity after stroke 18. ADL's 19. Cognitive, visual and perceptual deficits in a functional context 20. Positioning for function	Occupational Therapist
13:40-14:30	21. Aerobic activity 22. Repositioning 23. Transfers and Mobility focus upon: • Injury Prevention, pain management • Optimizing patient participation 24. Increasing mobility	Physiotherapist
14:30-15:30	Transfers practical	Occupational Therapist and Physiotherapist
15:30-15:50	Case study	Best Practice Team
15:50-16:00	Wrap up, next steps	Site Stroke Educator

Appendix 5 - PHQ-9

- Access to the PHQ-9 can be found here:
www.phqscreeners.com/
- The PHQ Instruction Manual can be found at:
www.phqscreeners.com/sites/g/files/g10016261/f/201412/instructions.pdf
- The PHQ-9 instruction manual for information about treatment can be found at:
www.cqaimh.org/pdf/tool_phq9.pdf

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- ⁴ A variety of online business information resources.
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- ⁷ Kilbride C et al. Developing theory and practice: Creation of a community of Practice through Action Research produced excellence in stroke care. *J Interprof Care*. 2011 Mar; 25(2): 91-97. www.ncbi.nlm.nih.gov/pmc/articles/PMC3055714/