

Unit 20: Understanding Stroke Care Management

Unit reference number: M/616/7404

Level: 3

Unit type: Optional

Credit value: 4

Guided learning hours: 36

Unit summary

In the UK, once every three minutes an individual will experience a stroke. According to statistics, there are over 1.2 million survivors of stroke every year – they survive because of the treatment and rehabilitation provided by care givers. Data suggests that following a stroke almost two thirds of people will be left with a disability of some sort, while the remaining third will always have to rely on others for help. Providing the appropriate support to any individual who has had a stroke will have a positive effect for them in all aspects of their daily life and on their general wellbeing. If fast and appropriate treatment is not provided it can lead to significant life-changing effects.

In this unit, you will develop your understanding on how to support people who have experienced a stroke. This will include developing your knowledge and understanding of relevant legislation, policies and guidance. You will explore the factors, such as communication and physical, emotional and psychological, that could affect individuals following a stroke and the effect they have on the individual. You will gain an understanding of the impact of these factors on daily living and you will investigate any additional complications that may arise following a stroke. You will also assess the importance of person-centred care in caring for someone who has had a stroke.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
<p>1 Understand how to support individuals to manage stroke according to legislation, policy and guidance</p>	<p>1.1 Summarise current legislation, policy and guidance related to supporting individuals with stroke</p> <p>1.2 Explain what current best practice is in the initial stages of stroke care management</p> <p>1.3 Explain how an individual who has had a stroke could be encouraged to review their lifestyle and promote their own health and wellbeing</p> <p>1.4 Describe the potential implications of mental capacity for an individual following a stroke</p>
<p>2 Understand specific communication factors affecting individuals following a stroke</p>	<p>2.1 Evaluate the effects of stroke on the brain in relation to the ability to communicate</p> <p>2.2 Describe a range of common communication methods and aids to support individuals affected by a stroke</p> <p>2.3 Analyse methods of facilitating communication using supported conversation techniques</p> <p>2.4 Identify any pre-existing illnesses or disabilities that need to be taken into account when addressing communication</p> <p>2.5 Describe the effects on the individual of experiencing communication difficulties</p> <p>2.6 Identify additional agencies and resources to support with communication needs</p>

Learning outcomes	Assessment criteria
<p>3 Understand the changing physical needs of individuals affected by stroke</p>	<p>3.1 Describe the changes in the brain of an individual affected by a stroke</p> <p>3.2 Describe the physical effects of stroke on an individual</p> <p>3.3 Explain the impact a stroke may have on swallowing and nutrition</p> <p>3.4 Describe the possible effects of stroke on sensory ability</p> <p>3.5 Analyse the fluctuating nature of effects of stroke on an individual</p>
<p>4 Understand the impact of the effects of stroke on daily living</p>	<p>4.1 Explain the use of daily activities to promote recovery and independence</p> <p>4.2 Explain the importance of repetition to promote recovery</p> <p>4.3 Identify the effects of fatigue in stroke rehabilitation</p> <p>4.4 Describe the implication of stroke on lifestyle</p>
<p>5 Understand the associated complications for individuals with stroke</p>	<p>5.1 Explain the psychological and emotional effects on the individual with stroke</p> <p>5.2 Explain the cognitive needs of the individual with stroke</p> <p>5.3 Explain the health needs that may be associated with stroke</p>
<p>6 Understand the importance of adopting a person-centred approach in stroke care management</p>	<p>6.1 Explain how person-centred values influence all aspects of stroke care management</p> <p>6.2 Explain the importance of working in partnership with others to support care management</p> <p>6.3 Describe the importance of working in ways that promote active participation in stroke care management</p>

What needs to be learned

Learning outcome 1: Understand how to support individuals to manage stroke according to legislation, policy and guidance

Individual

- Someone requiring care or support; it will usually mean the person or people supported by the learner.

Legislation, policies and guidance

- Legislation, to include:
 - Human Rights Act 1998
 - Mental Capacity Act 2005
 - Mental Health Act 2007 Section 50
 - Manual Handling Operations Regulations 1992
 - Equality Act 2010
 - Care Act 2014.
- Policies, to include policies of workplace, local health and social care policies.
- Guidance from other organisations, e.g. NICE, The Stroke Association, NHS Choices.

Best practice

- Rapid assessment identifying stroke and transient ischaemic attack (TIA):
 - validated assessment tools, to include face, arms, speech, time (FAST), and ROSIER scale to assess weakness in face, arms, legs, speech and visual disturbance, loss of consciousness, seizure activity
 - exclusion of other causes of symptoms, e.g. hypoglycaemia
 - initial treatment, to include imaging, medication, assessment of swallowing function.

Lifestyle changes

- Health promotion, to include healthy diet, exercise, monitoring of alcohol intake, cessation of smoking.
- Reasons for change to lifestyle.
- Support from healthcare professionals and voluntary organisations.

Implications of mental capacity

- Definition of mental capacity.
- Types of decision that can be delegated and those that cannot, e.g. whether to continue treatment.
- Who can assess mental capacity.
- Right to advocate or Independent Mental Capacity Advocate.
- Acting in best interests.
- Temporary factors affecting capacity.
- Right to mental capacity assessment.
- Appointment of lasting power of attorney (LPA).
- Role of Court of Protection.
- Role of Office of the Public Guardian.

What needs to be learned

Learning outcome 2: Understand specific communication factors affecting individuals following a stroke

Effects of stroke on brain

- Location of stroke in brain, e.g. left side.
- Size of area of brain affected.
- Type of stroke, e.g. haemorrhagic, ischaemic, transient ischaemic attack, subarachnoid.

Communication

- Verbal, to include dysphasia, dysarthria, dyspraxia of speech, aphasia, to include receptive and expressive.
- Other effects, to include emotional content, perception, tiredness, memory, concentration, personality change, spatial awareness.
- Non-verbal, to include ability to use signs or facial expression.
- Effects on individual, e.g. fear, frustration, helplessness, anger, tiredness.

Communication aids

- Communication board, medical passport, ICOON global picture dictionary.
- Electronic aids.
- Software programmes.
- Communication aid centres.
- Speech and language therapists.

Supported conversation techniques

- Body language and gesture, drawings, pictographs in addition to spoken and written words.
- Ask, wait, listen technique for aphasia.

Pre-existing illnesses or disabilities

- Illnesses such as dementia.
- Disabilities such as hearing loss, visual impairment, Parkinson's.

Effects on the individual of communication difficulties

- Physical, e.g. restricted independence, inability to communicate wishes.
- Social, e.g. social isolation.
- Emotional, e.g. frustration, anger, depression.
- Intellectual, e.g. language comprehension.

Additional agencies and resources

- Statutory, private and third-sector agencies.
- Tangible resources, e.g. communication boards.
- Intangible resources, e.g. advice and information, internet resources.

What needs to be learned

Learning outcome 3: Understand the changing physical needs of individuals affected by stroke

Changes in the brain and physical effects

- Right hemisphere controls left side of body, non-verbal communication, emotions and spatial orientation or sense of body position.
- Left hemisphere controls right side of body, language, analytical thinking.
- Effect of ischaemic (clot) stroke, of haemorrhagic (bleeding) stroke, of transient ischaemic attack on brain, e.g. permanent cell death or temporary oxygen starvation of cells until supplied by other blood vessels.

Impact on swallowing and nutrition

- Dysphagia, involuntary aspiration of food and fluids, reduced nutritional intake, requirement for thickened fluids or tube feeding.

Effects on sensory ability

- Loss of sense of taste, loss of sense of smell and touch, increased risk of scalds, burns and other injuries, loss of spatial orientation and ability to balance, visual impairment, e.g. inability to see objects on affected side.

Fluctuating nature

- Impact of short- and long-term improvement and deterioration.

What needs to be learned

Learning outcome 4: Understand the impact of the effects of stroke on daily living

Activities of daily living to promote recovery

- Activities:
 - breathing
 - eating and drinking
 - elimination
 - maintaining a safe environment
 - communicating
 - washing and dressing
 - maintaining body temperature
 - mobilisation and functional mobility
 - work and play
 - sleeping
 - death and dying
 - expressing sexuality.
- Activities to promote independence through recovery, e.g. practice in getting dressed, breathing exercises, support to maintain personal hygiene.
- Assessed tasks, e.g. walking practice, practice in transferring from bed to chair or chair to chair.

Repetition

- Short, frequent repetitions to build muscle strength, recover control and avoid effects of fatigue, e.g. exhaustion, depression, demotivation.

Impact of stroke on lifestyle

- Physical, social, emotional, psychological, sexual, economic impacts.
- Implications for individual, carers and significant others.

What needs to be learned

Learning outcome 5: Understand the associated complications for individuals with stroke

Psychological/emotional complications

- Psychological, to include impact on self-esteem and self-image, impact on mental health.
- Emotional, to include anger, frustration, depression, anxiety, fear.

Cognitive needs

- Need for assessment of cognitive ability, to include memory, attention, perception, planning, making decisions, social cognition.
- Need for support, e.g. from clinical psychologists, occupational therapists, memory clinic, stroke clubs, friends and family.
- Need for strategies to compensate for loss of memory, e.g. keeping to a routine, breaking tasks into manageable chunks, keeping things in the same place, making a note of things to remember or doing it at once.
- Strategies to compensate for communication difficulties, e.g. use of prompts or aids such as photos, drawing or writing things on paper, taking time and not getting stressed, closed questions, telling others what helps.

Health needs

- Physical, such as need for appropriate diet, e.g. semi-solid food that is easy to swallow without choking, need for safe environment free from trip hazards, need for support to exercise, e.g. walking frame.
- Support with washing and personal hygiene, e.g. having a seat in the shower and non-slip flooring, safely controlled water temperature.
- Need for temperature control, e.g. heating or cooling to maintain a healthy ambient temperature.
- Mental health needs, e.g. need for love and belonging, including support from family and friends, need for self-esteem, need to maximise their potential.

Learning outcome 6: Understand the importance of adopting a person-centred approach in stroke care management

Importance of person-centred approach

- Equal partnership between individual, carers and others.
- Flexibility of services to meet needs.
- Meeting needs and preferences of individual.
- Continuity between services.
- Access to appropriate care.
- Involvement of family and others.
- Communication, information and education.

Importance of partnership working

- To achieve best outcomes for individual, to use resources efficiently.
- Partnerships between health professionals, social care professionals, individual and their support network of family and friends.

Importance of working in ways that promote active participation

- Empowerment of individual and their ownership of the rehabilitation process, improved likelihood of compliance and successful rehabilitation, professionals develop a holistic approach to planning and delivering care.
- Professionals gain greater understanding of each other's roles.
- Improvement in quality of care, health status, and health outcomes.

Information for tutors

Suggested resources

Books

Riske J and Culver K – *Stroke: A Nurse's Guide to Caring for the Patient* (Nurseology Consultants LLC, 2016) ISBN 9780998111407

Spence D and Barnett H J M – *Stroke prevention treatment and rehabilitation* (McGraw-Hill Medical, 2012) ISBN 9780071762359

Journals

British Medical Journal

Community Care

Journal of Stroke and Cerebrovascular Diseases

Stroke Research and Treatment

Websites

www.basp.ac.uk/wp-content/uploads/2016/12/British-Association-of_StrokePhysicians-Strategy-2017-to-2020_final.pdf

British Association of Stroke Physicians, 2017, *Strategy 2017–2020*.

www.headway.org.uk

Charity providing support to individuals and families who have been affected by stroke.

www.healthtalk.org

Gives free, reliable information on health issues by sharing people's real-life experiences.

www.mentalhealth.org.uk

Information about the Mental Capacity Act 2005.

www.nhs.uk

Act FAST pages – advice about stroke care.

www.nice.org.uk

National Institute for health and Care Excellence – Guidance, advice for stroke and TIA management.

www.stroke.org.uk

UK charity supporting people who have had a stroke (see Aphasia Ask, Wait, Listen technique for communicating with people with aphasia).

Assessment

This guidance should be read in conjunction with the associated qualification specification for this unit.

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meets the assessment criteria, centres should follow the guidance given in *Section 8 Assessment* of the associated qualification specification and meet the requirements from the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with the assessment strategy (principles) in *Annexe A* of the associated qualification specification.

Assessment of all learning outcomes (knowledge) may take place in or outside of a real work environment.