

Staff caring for people with stroke need nationally recognised learning programmes, so a stroke-specific education framework for staff at all levels was established

Developing an education framework for stroke

In this article...

- › Why the success of the National Stroke Strategy depends on education and training
- › How a stroke-specific education framework was developed
- › The role of UK Stroke Forum Education and Training in supporting access to stroke-specific education

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Abstract Leathley MJ et al (2012) Developing an education framework for stroke. *Nursing Times*; 108: 47, 20-21. The National Stroke Strategy identified that staff caring for people with stroke needed knowledge and skills, and nationally recognised learning programmes were required. This article describes the development of an education framework for stroke.

Stroke is the third leading cause of death and the main cause of adult disability in England (National Audit Office, 2010), with an estimated annual cost to the NHS and the economy of £8.3bn (Scarborough et al, 2010). It can have a devastating and lasting impact on the lives of patients and their families; one third of those who have a stroke are left with a long-term disability.

In 2007, the National Stroke Strategy described the features of a good-quality stroke service within the content of 20 quality markers (Department of Health, 2007). The strategy recognised that high-quality care and services needed to be delivered by staff with appropriate knowledge and skills, and that nationally recognised, quality-assured and transferable learning programmes in stroke were needed. As part of the strategy, funding was provided to establish the UK Forum for Stroke Training (UKFST) to draw up an education framework for stroke to ensure such programmes could be developed.

Process

Key stakeholders of the UK Stroke Forum agreed that the UKFST should consist of a steering group and four task groups. At its first meeting, the steering group said the task and steering groups should have:

- › Explicit representation from relevant professional bodies (stroke-specific and stroke relevant), health and social care, and voluntary organisations;
- › Involvement of people who have had a stroke;
- › Clear consultation with representatives from England, Northern Ireland, Scotland and Wales.

Each task group was to develop key aspects of the framework based around quality markers from the National Stroke Strategy. These were renamed elements of care, and reflect the quality markers, standards and recommendations in the stroke strategies of the four UK countries. The task groups were responsible for

5 key points

1 The National Stroke Strategy identified the need for nationally recognised training for stroke

2 The UK Forum for Stroke Training developed a stroke-specific education framework

3 The framework defines stroke-specific knowledge and skills, as distinct from generic skills

4 The UK Stroke Forum Education and Training uses the framework when endorsing training, and provides information on stroke education

5 The framework defines levels of knowledge and understanding to clarify courses that are appropriate for different staff



Life after stroke was one area considered by the task groups

elements of care in four broad areas: awareness and information (AI); time is brain (TiB); life after stroke (LAS); and implementation (WTI) (Box 1).

The purpose of the education framework was to define stroke-specific knowledge and skills as distinct from the generic skills that health, social, voluntary and independent care staff already have. This purpose was relevant to the AI, TiB, and LAS task groups because they covered the elements of care that had a direct impact on patient care and reflected the stroke patient pathway. The WTI group would support the development, sustainability, accreditation methods and embedding of the education framework in the development and delivery of a stroke-skilled workforce.

The task groups agreed a structure for the framework, which meant each element of care would have three sections:

- » **Essential requirements:** a list of services and inputs, such as assessment, investigation and treatment;
- » **Knowledge and understanding:** a list of stroke-specific knowledge and understanding that professionals working in stroke should possess, at relevant levels, and based on those from Skills for Health (www.skillsforhealth.org.uk) (Box 1);
- » **Skills and ability:** this is about putting knowledge and understanding into practice. Below are summaries of the focus of the skills; “it” could be any investigation, intervention, or referral:
 - » What it is that needs to be done;
 - » When it needs doing;
 - » Where it is done;
 - » How it should be done;
 - » Who it is done to.

BOX 1. ELEMENTS GIVEN TO TASK GROUPS

Awareness and information (AI)

Elements: awareness raising; managing risk; information; user involvement

Time is brain (TiB)

Elements: assessment (transient ischaemic attack); treatment (TIA); urgent response; assessment (stroke); treatment (stroke)

Life after stroke (LAS)

Elements: specialist rehabilitation; seamless transfer of care; long-term care; review; participation in community; return to work; end-of-life care

Implementation (WTI)

Elements: networks; leadership and skills; workforce review; research and audit

BOX 2. LEVELS OF UNDERSTANDING AND KNOWLEDGE

- **Basic:** criteria demand limited and generalised understanding that something exists but an individual would not need to know any details
- **Factual:** criteria call for factual knowledge, but no more than a superficial understanding of principles or theories
- **Working:** criteria call for the application of factual knowledge in a manner that takes account of widely understood technical principles and implications within the field of practice
- **In-depth:** criteria demand a broad, detailed understanding of the theoretical underpinning of an area of practice, including conflicting theories and constructs
- **Critical:** criteria call for the ability to evaluate and devise approaches to situations that depend on the critical application of theories and conceptual constructs within the area of practice

Developing the strategy

At the first three meetings, approximately two months apart, each task group discussed each of the three sections.

Comments were reviewed and summarised into bullet points to be discussed and refined at the next meeting. These points were in the form of competency-like items. After discussions at the end of the third meeting, a preliminary stroke-specific education framework (SSEF) was developed.

Stakeholder engagement

The framework was sent out for targeted stakeholder review and put on the DH website; task group members were asked to encourage colleagues in their professions/services to review it. In addition, a one-day stakeholder event was held, which reviewed the SSEF in terms of:

- » Relevance to health and social care;
- » Relevance across the UK;
- » How it could be used to promote service delivery and career pathways.

The responses to the document and one-day event were discussed at a fourth and final meeting of each task group, at which members agreed modifications to the SSEF based on the feedback. A draft final version was circulated to task groups for approval, then to the steering group for ratification. The final version was put on the UKSFET website (www.stroke-education.org.uk).

Using the framework

The UKFST is now part of the UK Stroke Forum and renamed the UK Stroke Forum Education and Training (UKSFET). It uses the SSEF to underpin its endorsement of stroke-specific training and provides access to information about stroke-specific education opportunities (ukfst.org/courses/search/). Endorsement involves course providers submitting course information, which is reviewed by three reviewers (one is a lay reviewer) to ensure the content is SSEF compliant, relates to at least one element of care and addresses one or more of the competency-like items.

The process is not prescriptive about course content and delivery, but does require that content is consistent with the SSEF. Courses are endorsed for three years and the provider can use a UKSFET quality mark on its course literature. Endorsed courses are listed on the UKSFET website.

This ensures that stroke-specific training is up to date and at an appropriate level, enabling organisations to see the level and type of training that should be provided for staff who care at different points on the stroke pathway. Anyone working along the pathway can be assured that training will meet their needs.

A toolkit, based on the SSEF, is available for staff to map their knowledge and skills (Watkins et al, 2011), giving them a “role profile”. Health workers can compare their role profile with other role profiles, which have been agreed by specialists in each role (the list of role profiles will be updated). This mapping process will show people their training needs, and inform their search for relevant UKSFET-endorsed courses.

Conclusion

The SSEF was developed through collaboration between health, social and voluntary care services, with input from representatives across the UK. Most importantly, those affected by stroke took part.

The framework is being used in the endorsement of stroke-specific training by the UKSFET. Any professional can search the UKSFET website for nationally recognised, transferable and quality-assured stroke-specific training at an appropriate level. **NT**

References

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