

CASE STUDY: DELIVERING STROKE-SPECIFIC EDUCATION AND TRAINING

One of the aims of the National Stroke Strategy (2007) was to ensure that high quality stroke care is provided by people working anywhere along the stroke pathway, (NICE 2013); from prevention through to long-term care. The Stroke-Specific Education Framework (SSEF), is a professional development web-based tool, which was developed as the first step in ensuring the realisation of this aim and is the first pathway-specific education framework of its kind in the UK.

Launched in 2009, and hosted by the UK Stroke Forum (UKSF) the SSEF details what knowledge and skills are needed by staff working on the stroke pathway, in order to care for their patients appropriately and compassionately. This ensures continual professional development (CPD) for staff working in stroke care, and ultimately better patient care. For example, a patient who is going to receive thrombolysis in a hospital where the staff had UKSF endorsed training should be confident of receiving the right treatment and being monitored in the correct way. A patient having been discharged home for rehabilitation by community staff with UKSF endorsed training could be assured that therapy would be delivered and reviewed correctly.

A quality assurance system is in place, managed by UKSF, where SSEF compliant, stroke-specific training is endorsed for a three year period. Comparing people's existing knowledge and skills against those outlined along the pathway enables training to be tailored according to role, level and individual need. This is the case for both stroke specialist and stroke-relevant staff. Furthermore, it can be used to ensure that there are enough sufficiently trained staff in place, as staffing levels can be informed by a staffing calculator used, for example, by service managers.

Key Outcomes

- Nearly one hundred courses/training modules have been endorsed, and there have been thousands of hits on the [SSEF website](#) to date.
- All courses have been reviewed using a standard format by stroke specialist professionals and lay reviewers. This process of review and feedback has resulted in the development of training which contains more comprehensive coverage of the key issues identified.



- Qualitative feedback also indicates that participants find SSEF endorsed training useful. Alison McLoughlin, a stroke nurse, said

“When I’m called to the emergency department to see a newly admitted suspected stroke patient, it is crucial that I can assess the patient and be able to provide the on-call stroke physician with detailed and accurate information. The NETSMART Programme that I have participated in has allowed me to develop the right knowledge and skills and expertise to do this. The NETSMART Programme from the USA was introduced in to the UK to fill a gap in UK course provision for advanced practice nurses”.

- The SSEF has not yet been evaluated at a higher level within the Trust using patient experience scores or metrics such as length of stay, however recent evidence has shown that hospitals with higher nurse staffing levels on stroke units have lower mortality rates. Staffing levels can be informed by use of the framework’s staffing calculator. Furthermore, using SSEF profiles to explore whole teams has allowed managers to structure teams with a more in-depth understanding of skill mix, which should lead to a more coordinated approach to care.
- In hospitals where telemedicine services are used to ensure access to stroke specialist physician diagnostics 24 hours a day 7 days a week it is imperative that nurses who are with the patient in the emergency department can perform neurological and physiological assessments. SSEF training allows patients, as well as the physician, to feel confident in nurses’ abilities

“The only person I would want next to my bed is someone qualified to comment, to pass judgement on the problem I’m in hospital for”. (male patient, 69 years of age)

- The SSEF is welcomed by training providers, commissioners and service providers, and is supported at national level as evidenced in the following testimonials.

Testimonials

Professor Caroline Watkins, who led the development of the SSEF says: *“The workforce is the cornerstone to the delivery of high-quality, effective stroke care. A national framework for assurance of skills and competences and leadership, ensures that people with stroke receive the right care from the right staff, all of the time.”*

Dr Chris Price, Consultant, Northumbria Healthcare NHS Foundation Trust says: *“Stroke services provide specialist multidisciplinary care for patients who have complex individual needs. An effective team requires evidence-based training delivered at an appropriate level by trainers who understand the needs of patients and their carers. The SSEF badge indicates to staff and managers that the endorsed training is of high quality and will improve the care that the service provides.”*

Dr Helen Hosker from Central Manchester CCG, says: *“Commissioners need to be assured that patients are achieving the best outcomes from services they are responsible for commissioning. This can only happen if the workforce within a service has the required skills. It is very helpful for commissioners to have a recognised and credible framework such as the SSEF as a reference source”.*

Wendy Jessop, a training provider, has said: *“As providers of stroke training it is vital to us that we are offering relevant, high quality sessions that meet the needs of our commissioners and that participation in the training improves care and outcomes for those who have suffered a stroke. Having the endorsement of the UKSF Education & Training ensures that our training programmes are of a recognised standard and shows our commitment to the provision of excellent practice in stroke care.”*

Background

UK Stroke Forum

The UK Stroke Forum, which began in 2007, is a coalition of 34 organisations concerned with improving stroke care in the UK. UKSF has approximately 17 lay reviewers (stroke survivors and carers) and 59 professional reviewers who are drawn from across the care pathway.

The implementation of the SSEF was particularly relevant to the forum’s work, because two of its key objectives are to improve stroke care through stimulating shared learning amongst all disciplines involved in stroke, and encouraging professional multidisciplinary education. This forum was a suitable vehicle to drive the stroke education and training agenda forwards because it had:

- a scientific programme conference committee which organises an annual conference. This committee consists of experienced professionals, who represent individuals from their profession, and lay members
- all of the relevant organisations from the stroke care pathway already working together to deliver the conference in line with the recognised needs of different professions
- a team of dedicated support staff

Courses endorsed by UKSF have a huge impact. For example, since endorsement, the on-line course Early Supported Discharge After Stroke: A Training Package has reached an international audience with over 1500 page views per month: the package is being used in over 100 areas across the UK as well as in countries such as Australia, Indonesia, Thailand and Canada. Furthermore, endorsement of the Advanced Stroke Practice MSc has led to an increase in applications from around the world; students now study not only from across the UK but from as far away as the USA.

Stroke

Stroke is the third leading cause of death and the main cause of adult neurological disability in England with an estimated annual cost to the NHS and the economy of £8.3 billion. It can have a devastating and lasting impact on the lives of people and their families; a third of people who have a stroke are left with a long-term disability.

Stroke patients have a better chance of survival, and increased independence, if they are treated in a stroke unit by staff with the right stroke-specific knowledge and skills.

In 2007, the Department of Health launched the English National Stroke Strategy, which described the features of good quality stroke services within the context of 20 quality markers. In the strategy it was recognised that high quality care and services for people affected by stroke should be delivered by staff with appropriate knowledge and skills. The strategy provided funding to establish the UK Forum for Stroke Training (UKFST), which would have the responsibility of developing an education framework for stroke that would bring to reality nationally recognised, transferable, and quality-assured stroke-specific training.

Key Aims

- Develop a stroke-specific education framework, which would detail the knowledge and skills that anyone working anywhere along the stroke care pathway needs in order to provide the highest quality care to people affected by stroke
- Develop a more co-ordinated approach to workforce development in stroke care
- Make training programmes in stroke joined up and transferable
- Provide endorsement for stroke-specific training that is consistent with the SSEF
- Provide a repository for SSEF-consistent educational and training opportunities in stroke, thereby facilitating the identification of such training for professionals, employers and commissioners
- Develop standardised role profiles and individual training needs analysis for everyone working in stroke care

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Individual staff

Know what knowledge and skills they should have and are assured that their training is appropriate

Training Providers

Can prove that their training is quality-assured, up-to-date and appropriate to roles and bands

Patients and Carers

Know that all staff have the right knowledge and skills to best aid their recovery

Service Managers

Can critically review the professional composition and skill mix of their team and its ability to meet the needs of the patient

Commissioners

Know that they are commissioning the right services, with the right staff, with the right knowledge and skills

Key Stages of Setup

2007

- National Stroke Strategy published

2008

- UK Forum for Stroke Training established

2009

- Stroke-Specific Education Framework published

2010

- UK Stroke Forum launches course endorsement

2011

- www.stroke-education.org.uk launched with role profiles and staffing calculator

2012

- UK Stroke Forum adopts SSEF

2013

- Continuing role profile development and course endorsement

2014

- UKSFET commitment becomes key function of UKSF Steering Group & Scientific Committee

How it Works

Training Endorsement

The UKSF endorses training that is consistent with the SSEF. The endorsement process begins with the training provider submitting details of their training to the UKSF using a [dedicated website](#) where content of the training is [compared with the SSEF](#) by three reviewers - two professional and one lay. The submitted information must include:

- programme content
- details of programme development, including involvement of patients and carers
- method of delivery
- target audience
- level of delivery

As part of the review process, reviewers may require further detail about the training and the provider has an opportunity to clarify details. If the training is identified as being SSEF-consistent, it will be endorsed for a period of three years, and the course provider will be able to use the UKSF quality mark on their course literature.

Endorsement from the UK Stroke Forum means that training providers can assure staff, managers and commissioners that the training they offer is quality-assured, up-to-date and relevant. For commissioners it ensures that any stroke-specific training or services they may commission is quality-assured, up-to-date and in line with recommendations across the UK. It also improves oversight mechanisms by providing a framework against which a service can be measured

Continual Personal Development

Through a [linked website](#) staff are able to view standardised role profiles, which show the level of knowledge and skills required by someone working in that area of care on the stroke pathway. Staff can map their own knowledge and skills against the SSEF to inform appraisal and use the subsequent personal training needs analysis to identify areas for development used in their current or future role. They are able to identify training that would meet these development needs through links on the website. Further information about training is available from the UKSF website.

Team Management

The SSEF can be used by ward and trust managers to better understand the individual training needs of each team member. Team working is improved because individual staff can see how their knowledge and skills complement those of their colleagues, allowing them to better understand their role within the team. Service managers can critically review the professional composition and skill mix of their team and its ability to meet the needs of the patient.

A staffing calculator, which provides estimates of the number of staff needed to provide care within a service, is also available. The estimates are derived from details entered about the service, for example patient throughput or its configuration, such as the number of beds for a hospital or the time spent in face-to-face contact.

Both the role profiles and staffing calculator are housed within Excel spreadsheets, which can be downloaded from the website, meaning that staff do not have to stay on-line to make use of these resources.

Resources

The UK Forum for Stroke Training was originally funded by the Department of Health. Since its migration and renaming, the UKSF is now supported by the UK Stroke Forum. Although there were significant set-up costs provided by the Department of Health, the running costs are now minimal.

Key Challenges

- Ensuring the SSEF would have buy-in from all groups working on the stroke pathway, as well as support from across the UK - this was achieved through ensuring that all groups were represented on the task groups, and the steering group, which led the development of the SSEF. Representation included physicians, nurses, allied health professionals, social services, voluntary groups, educationalists, and perhaps most importantly those affected by stroke
- Ensuring that the SSEF was relevant to all four of the UK countries and reflected their own stroke strategies- through discussion with key people it was possible to encourage the use of the SSEF in local contexts, highlighting how it was a framework to inform and support the content of training and how it was neither a course nor a replacement for existing high quality training. Perhaps most significantly, that it could be used to show the value and comprehensiveness of existing courses
- Engaging education and training leads across all professions in the multidisciplinary team - this was a challenge because stroke as a specialism differs between disciplines. Instead a focus was given to establishing job profiles within core professions. Other professions were approached once it could be shown how the SSEF could be relevant to them
- Keeping specialism on the agenda - UCLAN have emphasised the role of the SSEF in supporting flexible use of the workforce; generic staff are able to provide specialist stroke care if they can demonstrate that they have the necessary stroke-specific knowledge and skills
- Keeping the website affordable - an online process, which offers the facility to submit detailed online applications with the capability to map in detail against a

large framework, was complex to build. Innovative ways to deliver parts of the specification were found in order to reduce this concern, including an Excel spreadsheet to allocate reviewers to applications for endorsement

- Making a condition-specific endorsement desirable - with so many other accreditations from profession-specific bodies on offer, it was difficult to persuade people that a condition-specific quality marker was what they needed. Instead there was a focus on messages around quality and transferability of training and impact on patient outcomes
- Mapping stroke provision across the UK - with the huge variety of courses and education on offer, and four different education systems to explore, mapping the existing offering and potential endorsement beneficiaries was hard. Additional resources were put into this and intelligence is continually updated

Key Learning

- Ensuring a UK-wide buy-in is essential
- Market research is fundamental from the outset; understanding who the key stakeholders are is important for tailoring the marketing initiatives
- Commissioners are key; they need to know that they are buying quality training and that ensuring SSEF-compliance will really have an impact on patient outcomes

Next Steps

- Development of an individual training record so that in the future staff will be able to demonstrate their stroke specialist knowledge and skills by adding course profiles to their training record and personal profile.
- Development of an app to increase accessibility and usability
- Ensuring SSEF remains current
- Continued endorsement of training
- Continued development and updating of role profiles

Supporting Material

- [UK Stroke Forum](#)
- [SSEF Website](#)
- [NICE Stroke Pathways](#)
- [National Stroke Strategy](#)
- [NICE Clinical Guideline 162 - Long term rehabilitation after stroke](#)
- [National Clinical Guideline for Stroke 2012](#)

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