An Update on Best Practices in Stroke Education

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Disclosure

The authors have no disclosures or conflict of interest.
Lehigh Valley Health Network, Allentown, PA

- LVHN, an 1161-bed university affiliated community health network, comprised of 4 hospitals, was first designated as an American Nurses Credentialing Center (ANCC) Magnet® recognized organization in 2002. As the regional referral center for a 9 county area we provide services to the community of eastern Pennsylvania.

- LVH Cedar Crest was the first to become certified in Pennsylvania as a Joint Commission Comprehensive Stroke Center in 2012 and treats over 1200 complex stroke cases/year providing a full spectrum of services.

- In addition to the CSC at the main campus, the network has 2 Primary Stroke Centers to care for patients in their own communities.
WVU Healthcare, Morgantown, WV

WVUHC, a 531-bed university affiliated medical complex anchored by Ruby Memorial Hospital, was first designated as an American Nurses Credentialing Center (ANCC) Magnet® recognized organization in 2005. As the regional referral center for tertiary care in West Virginia (WV), WVUHC is the flagship member of West Virginia United Health System (WVUHS) and provides services to citizens primarily from WV, southwestern Pennsylvania and Maryland.

WVU Stroke Center, a Joint Commission designated Primary Stroke Center, was founded in 2000 and treats over 1200 stroke cases/year providing a full spectrum of services at the Comprehensive Stroke level.
Objectives

• Discuss key components of stroke education for various populations including the community, patients and hospital staff.
• Describe methods to develop, validate, maintain, and demonstrate competency
• Discuss the importance of providing stroke education to patients and families
• List approaches that make stroke education more effective
Who do we educate?

• Community
  – Lay people
  – Professionals

• Patients
  – In-patient
  – Clinics
  – Support groups

• Professionals
  – Hospital staff
  – Physician staff
  – Partnering facilities
Why do we educate?

- Inherent to nurses
- Regulatory requirements
- Community (Public) relations

- Lack of recognition of stroke symptoms
- Lack of urgency seeking treatment
- PCP before 9-1-1
Some things to consider…

• Target audience
• Location
• Identified Needs
• Objective setting
  – Specific
  – Measurable
  – Achievable
  – Realistic
  – Time Specific
Adult learning principles

- Need a reason to learn and are problem-centered learners
- Self-directed/voluntary learners
- Bring a variety of life and work experiences; heterogeneous
- Participation encourages learning; social and interactive
- Environment
- Intentional and influenced by motivation and readiness
- Feedback
- Retainable and transferrable to new situations
- Inferred rather than observed
- Influenced by nature of the learning experience

Pacini, C.M. (2010).
Community Education
Community

• Basic information- prevention, recognition, action
  – Healthy lifestyle, diet and exercise, PCP, knowing risk factors
  – Signs and symptoms (F.A.S.T.)
  – 9-1-1

• Healthy audience
  – Interactive
  – Information/experience sharing
  – Screening, lectures, informational

• Informal environment
Types of community events

- Health Fairs
- Schools
- Senior Centers/Residential Facilities
- Churches/Libraries
- Organizations/clubs
- Sporting venues
Community: Industry

- Health Fairs
- QRS teams
Community: EMS

- Joint Commission Regulations
- “Partners in Care”
- “Brain Attack”
EMS continued

• Lunch & Learn
• Case study/call review/feedback
• Conferences
• EMS week events
• ASLS
• Informal opportunities

The Gordon Center for Research in Medical Education. (2010) Advanced Stroke Life Support
Patient/Caregiver Education
Patient/Caregiver Education:
We have a responsibility

• Prevention begins with education
• Providing stroke education to our at-risk patients is considered a critical part of the chain of survival
• Effective stroke education is a hallmark of better stroke care
Barriers to learning

**Patient**
- Patient status/severity of stroke
- Decreased level of consciousness/cognitive impairments
- Visual, motor, speech, language, memory deficits
- Overwhelming/life-changing event
- Denial
- Fatigue
- Short lengths of stay
- No family present

**Staff**
- Documentation
- Discharge destination
- Timing and setting
- Content
  - Health Literacy
  - Languages available
Making stroke education more effective

- Teaching should be initiated early in the patient’s stay to allow time for reinforcement of the information
- Education must be individualized
- Repetition increases retention of learned information
- The TEAM approach is the best approach
- Make it relevant to them – “tell them WHY and they may COMPLY”
Practical Approaches

• Encourage them to hang on to written materials provided and look them over again at home
• Use different modalities and formats
  – Written instructions
  – Spoken instructions; explanations
  – Pictures or videos
  – Demonstrations
  – Interactive activities
• Evaluate effectiveness of teaching: “Teach Back” methods
• Provide resources for after they have gone home
  – American Stroke Association
  – Stroke Survivors Support Groups
Professional Education

The Learning Curve

TLC Tip
The Advanced Stroke Life Support certification can be documented by using the TLC Certification Entry Form.

Click here for more information

The Third Quarter Core Bundle is now available and must be completed by March 31, 2014.

Click here for curriculum information and access instructions
Professional Education

• Orientation
• Annual update
  – Process
  – Skills- Competency
• Lectures/conferences
• Webinars/in-services/journal club/case conferences
• Informal
• Preparing for survey- stroke hours per department/role
## Multigenerational Considerations

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<td>Value-shaping Events</td>
<td>Born after the depression Vietnam conflict Kennedy assassination Woodstock Kent State Incident</td>
<td>Watergate scandal Three Mild Island disaster Increased exposure to war (Operation Desert Storm) AIDS crisis Challenger explosion Recession Corporate downsizing Rise in crime rate Rise in divorce rate</td>
<td>Period of prosperity Societal focus on family values, and child safety devices Technological explosion</td>
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<td>Child-rearing Practices/</td>
<td>Raised in a two-parent household Father was authority figure Stay-at-home mother Large families Doting parents</td>
<td>Raised in a one-parent household Latchkey children Focus not on “hands-on” child rearing Television acted as babysitter Parents neglected children to pursue own goals</td>
<td>Change in composition of family unit Product of small families Parents busy with children and their activity schedules</td>
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<td>Family Choices</td>
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<td>Characteristics of Generation</td>
<td>Willingness to work relentlessly in pursuit of goals More women moved into the work force Other people/institutions took on more childcare/child-rearing functions Learned to collaborate and work together</td>
<td>Self-reliant, independent, confident in abilities and capabilities Adventurous Prone to change jobs frequently Balance between work, family, and personal time</td>
<td>Technologically savvy Highly educated Very aware of global changes, reality bound Job not expected to give life meaning Accustomed to collaboration, networking, interdependence, and independent endeavors Accustomed to making adjustments Have contingency plans, strong views, free expression, and creativity</td>
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Qualified and Competent

• Understand the terms
• Understand the standards
  – “…are knowledgeable about…”
  – “…show familiarity with…”
  – “…can provide evidence of…”
  – “…eight hours of continuing education annually”
• Validating Competency
  – Build on what you have
  – Methods for assessing competence
  – Orientation and Training
  – Performance Reviews
  – Validating Competency

• Maintaining Competency
  – Define ongoing education requirements
  – Constantly reassess the need for education
  – Accountability
  – Support nurse specialty certification
  – Share positive results
Demonstrating Competency

• Get the most from learning management systems
• Create a stroke education binder
• Keep employee files current
• Improve documentation in the medical record
• Track and report outcomes
• Prep staff to articulate the care provided
• Celebrate achievements
Resources

• American Stroke Association: Professionals
• National Stroke Association: Healthcare Professionals
• Industry partners
• AANN Stroke Special Focus Group (SFG)
• Networking
• Internal resources
References


