

Assessment Blueprint for Stroke Medicine

Curriculum area	Competence	Mini-CEX	DOPS	MSF	SESR	CBD	TP	A	R
1. ACUTE STROKE									
OBJECTIVE - TO PROVIDE THE TRAINEE WITH THE KNOWLEDGE AND SKILLS TO CONTRIBUTE TO A COMPREHENSIVE SPECIALIST SERVICE FOR PATIENTS WITH ACUTE STROKE. TO ENSURE THAT ALL TRAINEES ARE COMPETENT IN THE ASSESSMENT AND MANAGEMENT OF ACUTE STROKE									
K	Anatomy and pathophysiology of various types of stroke					•	•		
	Classification schemes for acute stroke (eg TOAST, OCSF)					•	•	•	
	Scales for describing severity of acute stroke (eg NIHSS, SSS)	•	•		•	•	•	•	
	Interpretation of CT and MRI brain scans including hyperacute imaging (eg CT, MRI, Doppler ultrasound, echocardiography) echocardiography (including TOE) and indications for angiography.	•	•		•	•	•	•	
	The differential diagnosis of acute stroke, and initial management of conditions that mimic stroke	•	•			•	•	•	
	The place of acute intervention, including thrombolysis and neurosurgery	•	•			•	•	•	
	Complications of acute stroke and their multidisciplinary management	•		•		•	•		
	Rare causes of stroke and stroke in younger age groups	•				•	•	•	
	Concomitant conditions and their influence on management	•				•	•	•	
	Ethical and legal issues relating to management of stroke illness	•			•	•	•		
S	Clinical assessment of stroke type and severity in the acute situation	•	•		•			•	
	The investigation of suspected acute stroke with appropriate use of specialist colleagues' expertise and of radiological resources	•	•	•	•		•	•	
	Interpretation of CT and MRI brain scans, hyperacute and late imaging	•	•		•	•	•		
	Provision of general medical care to acutely ill patients with widespread vascular disease and/or with cardio-respiratory or other complications of stroke	•			•	•	•		
	Provision of intensive monitoring to acute patients	•	•		•				
	Management of patients with acute dysphagia	•	•	•	•	•	•		
	Early rehabilitation and appropriate referral to further rehabilitation services with efficient use of resources	•		•	•	•	•		
	Provision of palliative care	•			•	•	•		

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	Assessment and management of nutrition within a multi-disciplinary team	•			•	•	•		
A	To value patient and carers views on treatment decisions			•	•	•	•		
	Awareness of cultural and religious issues relevant to stroke			•		•	•		
2. STROKE REHABILITATION									
OBJECTIVE A - TO PROVIDE SPECIALIST ASSESSMENT OF PATIENTS WITH STROKE TO FACILITATE REHABILITATION TO IMPROVE OUTCOME AND PROVIDE ACUTE AND LONG TERM SUPPORT									
K	Natural history and prognosis of stroke	•	•				•	•	•
	Classification schemes and scales used to guide prognosis						•	•	
	Mechanisms and patterns of recovery, neural plasticity, learning and skill acquisition						•	•	
	Complications of stroke (e.g. depression) that arise during stroke rehabilitation	•					•	•	
	Models of disability and their relevance to clinical practice						•	•	
	Classification of language and cognitive impairments	•	•				•	•	
	Causes and classification of vascular dementia	•					•	•	
	Current research into acute phase of stroke	•				•	•	•	•
S	Familiarity with scales commonly used in stroke rehabilitation, their validity, utility and limitations	•			•		•	•	
	Setting and reassessing rehabilitation goals	•			•		•	•	•
	Prevention, identification and management of the common physical, psychological, communication, cognitive, perceptual, ADL and socio-economic problems post stroke	•			•	•	•	•	•
	Assessment and management of specialist topics eg post-stroke pain, spasticity, dysphagia, nutrition, orthotics, seating, epilepsy and depression	•	•			•	•	•	•
	Medical assessment & screening techniques for "bedside" cognitive and language impairment	•	•			•	•	•	

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OBJECTIVE B - TO PROVIDE THE TRAINEE WITH THE KNOWLEDGE, SKILLS AND ATTITUDES TO CONTRIBUTE TO A COMPREHENSIVE, MULTIDISCIPLINARY, COORDINATED AND GOAL-ORIENTATED REHABILITATION SERVICE									
K	Understanding multidisciplinary team working in stroke and role of team members	•		•	•	•	•		
	Planning discharge from hospital	•			•	•		•	
	The emotional, psychological and socioeconomic consequences of stroke on patients and carers	•				•	•		
S	Participation/leadership within multidisciplinary stroke rehabilitation team	•		•	•				
	Facilitating the transition from active rehabilitation to maintenance and support	•		•	•	•			
	Involving and working with carers		•	•	•				
	Rehabilitation within day hospital, community intermediate care and outpatient settings	•	•		•	•		•	•
	Audit and outcome measurement of stroke services				•				
A	To value the patient, carers and other MDT members' perspectives in goal planning and their contribution to the rehabilitation process	•		•	•	•			

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	OBJECTIVE C - TO PROVIDE THE TRAINEE WITH THE KNOWLEDGE, SKILLS AND ATTITUDES TO ENHANCE ACTIVITIES AND PARTICIPATION, TO RE-INTEGRATE PATIENTS WITH STROKE ILLNESS WITHIN THEIR COMMUNITY, FAMILY, SOCIAL AND OCCUPATIONAL ROLES (FORMERLY KNOWN AS DISABILITY AND HANDICAP)								
K	Current legislation relating to Fitness to Drive (DVLA publication and website)	•	•		•	•			
	International Classification of Function & Health model of disablement					•	•		
	Services to support specific rehabilitation objectives (e.g. return to driving and employment or vocational rehabilitation).	•			•	•	•		
	Awareness of cultural and religious issues specific to stroke rehabilitation	•			•	•	•		
S	Familiarity with medical assessment for driving skills	•				•			
	Familiarity with medical screening of cognitive skills and appropriate referral to psychologist.	•			•	•			
	Completion of DVLA forms and social services forms e.g. DLA with due regard for patient confidentiality and wishes	•	•		•				
	Liaison with housing or employers or other relevant bodies	•				•			
	Prepare reports for Disability Allowances and other relevant reports	•	•		•				
	Practice risk assessment as a member of a MDT.				•	•			
	Ability to discuss sensitive issues with patients and carers - eg sexual function				•	•	•		

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OBJECTIVE D - TO UNDERSTAND THE COMPONENTS AND REQUIREMENTS FOR A COMPREHENSIVE STROKE SERVICE IN HOSPITAL AND THE COMMUNITY									
K	Rehabilitation services and planning after hospital				•	•			
	Role of social services, voluntary and independent sectors in stroke services.				•	•	•		
	Organisation and planning of stroke services				•	•			
	Awareness of national strategies for stroke care					•			
S	Liaison with primary, social and voluntary care	•			•	•			
	Generic management skills e.g. leadership, negotiating and teamwork.	•			•	•			
	Presentation skills		•		•	•	•		
A	To have an appreciation of the broader community needs and of commissioning perspectives.				•	•			
	Openness to alternative ways of service provision.					•			
	Respect for role of other medical and non-medical specialists	•		•	•	•			
3. STROKE PREVENTION									
OBJECTIVE A - TO BE ABLE TO UNDERTAKE AN ASSESSMENT OF A PATIENT WITH SUSPECTED TIA						•			
K	Differential diagnosis of suspected TIA	•			•	•	•		
	Thrombophilia and coagulopathies	•			•	•	•		
	Appropriate investigations, (e.g. CT, MRI, carotid ultrasound, MRA, echocardiography, cerebral angiography, clotting and thrombophilia tests)	•			•	•	•	•	
	Genetic causes of stroke	•				•	•		
S	Appropriate clinical assessment including investigation and management plan.				•	•	•	•	
	Communication of risk and impact on lifestyle (driving and occupation)	•			•	•			
A	Sensitivity to the anxieties provoked by diagnosis.	•		•	•				

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OBJECTIVE B - TO BE ABLE TO OFFER STROKE PREVENTIVE STRATEGIES TO INDIVIDUALS ACCORDING TO PROGNOSIS AND NEED									
K	Epidemiology of risk factors (including ethnicity and novel factors) for cerebral infarction and intracerebral haemorrhage					•	•		
	BHS, NICE, Joint British Society, RCP & SIGN guidelines for treatment of hypertension and hyperlipidaemia	•			•	•		•	
	Cost effectiveness of stroke prevention measures.					•	•		
	Principles of management of atrial fibrillation.	•			•	•	•		
	Principles of use of antiplatelet drugs	•					•		
	Principles of selection of patients for carotid endarterectomy and stenting	•			•	•	•		
	Current research into stroke prevention						•		•
S	Assessment of stroke risk in primary and secondary prevention setting.	•				•	•		
	Develop management plans for secondary prevention	•			•	•	•		
	Develop management plans for prevention of stroke due to thrombotic or vasculitic disorders	•			•	•	•		
	Treatment to lower blood pressure and lipid levels after stroke.	•			•	•	•	•	
	Selection of patients for anticoagulation	•				•	•	•	
	Selection of patients for cerebral angiography following ischaemic stroke and cerebral haemorrhage	•			•	•	•		
	Communicating risks and benefits of interventions.		•		•		•		
A	Non-judgmental attitude to lifestyle and age	•			•		•		

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