

Tips and Tools for Everyday Living:
A Guide for Stroke Caregivers
Facilitator's Guide



Finding answers. For life.



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Introduction

Tips and Tools for Everyday Living: A Guide for Stroke Caregivers and its companion video, *Tips and Tools for Stroke Caregivers*, are designed to provide the practical knowledge and skills needed by front line workers: the people who support, day in and day out, the many thousands of stroke survivors living in Ontario.

This *Facilitator's Guide* is intended to serve as a resource to caregivers who have volunteered to act as “coaches” to front line workers. The coach’s role is a pivotal one: the coach helps front line workers to gain the knowledge and skills that encourage the stroke survivor to be as independent as possible.

It is our hope that these three resources will provide a good starting point for introducing “best practices” for stroke care across the province.

These Guides are the result of a joint effort of five organizations: the Ontario Association of Community Care Access Centres, the Ontario Association of Non-Profit Homes and Services for Seniors, the Ontario Long Term Care Association, the Ontario Community Support Association and the Heart and Stroke Foundation of Ontario. The Ontario Home Health Care Providers Association has not been a formal sponsor to date but has expressed its support for this project and its hope to be more directly involved as we move forward.

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A project of this nature depends on the hard work and commitment of many. The Heart and Stroke Foundation of Ontario wishes to thank all those who made this exciting project possible. In particular, the efforts of the Coordinated Stroke Strategy Marketing Committee, representing the five partnering organizations, are most appreciated.

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Chapter 1

Start Here

Welcome.

Thank you for your interest in helping your colleagues assist people who have survived a stroke. By acting as a coach, you'll help others to provide effective support.

You may have volunteered to take on this role. Perhaps you were asked. Either way, it's likely that you:

- Are capable in your role
- Are recognized as a mentor/leader
- Understand what learners experience as they are learning
- Can provide the required support to learners
- Understand the value of "hands on" or experiential learning
- Are aware of your agency's policies and procedures, and how they relate to the coaching you are doing
- Are caring, sensitive and skilled in giving feedback.

This Guide provides you with material that will help you coach others to develop their skills. It covers the material provided in *Tips and Tools for Everyday Living: A Guide for Stroke Caregivers* and makes use of the accompanying video *Tips and Tools for Stroke Caregivers*. In this Guide, you'll find:

- **Promotion ideas** – ideas that you can use to encourage your colleagues to use the information in *Tips and Tools for Everyday Living*
- **Content highlights** – a description of the material covered in each of the *Tips and Tools* Sections, along with handy page references for key content

- **Coaching ideas and questions for discussion** – to help you get key points across and be certain that what you've said has been understood
- **Resource Information** – where to go for additional and updated information.

A Powerpoint document highlighting the material covered in *Tips and Tools* has also been created to assist you with your coaching sessions. Containing templates that correspond to each of the main topics presented in the Guide, it can be used as a slide show, converted to overheads or photocopied and handed out to learners. To obtain a hard copy or electronic file of the document, please call the Heart and Stroke Foundation of Ontario at (416) 489-7111 ext. 456 or send an e-mail to css@hsf.on.ca.

You, the Coach

A coach is someone who assists a person to learn a skill. You might find it difficult to think of yourself as a coach. However, it's likely that you've been a coach to many people. Perhaps you've taught a friend to prepare a recipe, or taught a child to tie her shoe laces. You may have helped a client to relearn how to dress. Perhaps you've oriented a new staff member. If you've done any of these things, you've been a coach.

Qualities of the Coach

Think back to a time in your life when you learned something from another person. What made that person a good coach? It's likely that your coach was:

- Patient
- Encouraging
- Able to see the positive
- A good communicator
- Skilled at offering constructive feedback
- Able to appreciate "approximately right"
- Good at breaking down a task into smaller parts
- Well versed in and able to apply the principles of adult education.

How Adults Learn

While it's true that you are never too old to learn, how you learn does change with age. Adults usually:

- Want their learning to meet a specific need
- Learn best by doing – either by actually performing a task or by applying information to a case study or "real world" problem
- Learn best by discussing information and working with others
- Take longer to learn new tasks.

The Coaching Process

Coaching isn't difficult, and it can be made easier by using a few simple techniques:

- **Find out what the person wants to learn.** Adults learn best when the learning meets their needs. If the person's need isn't clear, ask questions about the situation until you have a clearer understanding.
- **Find out whether the person needs to develop skill or needs support and/or encouragement to apply it.** Most learners will need both information and support, however some learners will have greater need for one over the other. When coaching, seek to attain competence and confidence.
- **Set the learning in the appropriate context.** Is the learner a volunteer who is visiting a client, or is the learner a support worker who must find a way to effectively help a client dress? Make certain that you know how the learner is to apply the material.
- **Break larger tasks into smaller tasks, as required.** Most techniques can be divided into a series of smaller tasks.

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Coaching is a process that focuses on helping a person become able to perform a skill. It's usually a one-to-one process, but sometimes it can be helpful to coach two or more colleagues at a time. For example, if you are coaching a person who is performing a transfer, you will need at least two people: one to do the transfer and one to be transferred.

Coaching is *performance-oriented* – it focuses on developing the skill the person requires. As a result, coaching stresses the skill, rather than the theory.

- **Use sequential teaching.** Teach the smaller tasks in order. (If you've ever taken a cardiopulmonary resuscitation (CPR) course, you've probably experienced sequential teaching.) Be certain that the person is capable and comfortable with each task before proceeding on to the next.
- **Put the person at ease.** The person may feel embarrassed about learning, or may feel that she should learn more quickly. Reassure her that learning takes time and that we all learn from one another.
- **Practice the *tell, show, do and review* method:**
 - Verbally walk through the task with the learner.
 - Demonstrate the task.
 - Have the learner do the task as you provide verbal and/or physical guidance.
 - Have the learner do the task without your cueing.
 - Provide clear and specific feedback on the learner's performance.
 - Repeat this process until you are satisfied that the learner is competent. Use case examples or demonstration to make certain that the learner is able to apply the information skillfully and confidently.
- **Recognize and appreciate "almost right."** Most learners will not perform a task perfectly the first time. Praise the parts of the task that the learner did well and offer specific and constructive feedback on the areas the learner has not yet mastered.
- **Match your coaching pace to the learner's needs.** Some people will quickly master some tasks yet take much longer with others.

But I Don't Feel Skilled Enough to Coach!

It's normal to be a bit anxious about coaching someone. You may feel that since you don't have all the answers, you can't possibly teach someone else. You may be concerned that you'll be asked a question to which you don't have an answer. Bear in mind that no one has all the answers.

Your role as a coach is to help the learner gain and practice skills that will benefit both the learner and the client. As long as you feel comfortable and capable in the skills you're coaching, you have the skill you need. If you don't know the answer to a question, say so. If you can get the answer, do so. If not, refer the learner to the appropriate person. The section titled *Handling Concerns* (page 10) discusses some of the common concerns of coaches.

Your Role as a Coach

As a coach, you are asked to assist your colleagues to become comfortable and confident in specific skills. Your responsibility begins and ends with this task. You are not responsible to assess clients, to solve client-caregiver problems, or to seek additional resources for specific clients. Refer the learner with these needs to his or her supervisor.

Coaching in Small Groups

While much of the coaching you'll do will be one-on-one, you may find that you are asked to coach or present to a small group. This section covers the basics of organizing and promoting a small group session.

Step One - Who are Your Learners?

To what type of learners are you presenting your session? The material you present, including the examples you use, should reflect the context in which your learners will use the information. You must take care to respect the boundaries of the learners' roles by not providing information that is inappropriate for them to use. For example, you would not include information on dressing a client (or use dressing a client as a case example) if you were presenting information on communication to a group of volunteers.

Step Two - What Needs Should be Addressed?

Adults are motivated by need. Before setting up a group coaching session, spend some time identifying your group's needs. What problems do the learners face? What problems are most important? If at all possible, address the group's most important needs first.

Step Three - Planning the Session

Adults learn best by doing and applying information to “real world” situations. If you completed Steps One and Two, you will have a sense of who your learners are and what they need. Bear this in mind as you select the information you will present.

Organize your session to provide the learners time to apply the information. A simple guideline is to allow 10 minutes for presenting information, followed by 20 minutes for the group to practice and/or apply the information to a case example. Coaching ideas and topics for discussion are provided in Chapter 3 of this Guide.

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Step Four - Scheduling the Session

Work with your supervisor to determine the best time to hold the session. A session that is convenient will encourage learners to attend. It's also important to use a room that is appropriate for the material to be covered. Avoid rooms that are too cramped, too hot or cold, too noisy or those that will be used by other people during the session.

Step Five - Promoting the Session

It's usually easier to promote the session if you have your agency's support. Will supervisors encourage the appropriate people to attend? Can you provide refreshments at the session? Many agencies keep track of the training that staff and volunteers attend. Will this session be included? Can you offer a certificate or other recognition of the learners' participation in the session?

Step Six - Conducting the Session

Most sessions can be divided into three sections:

- **Introduction** – including a warm-up exercise if required
- **Content** – the information, question and practice time
- **Wrap-up** – reviewing and summarizing the information that you've presented.

Warm-ups serve several functions. They:

- Allow learners to get to know one another
- Allow learners to become comfortable speaking with each other
- Promote a sense of inclusion among learners
- Provide an opportunity for you to get to know the learners.

There are many warm-up exercises. An easy and effective icebreaker is presented in the sidebar shown to the right.

Step Seven – How Did It Go?

It's usually a good idea to ask the learners how the session went, what strategies helped them to learn and what strategies weren't as useful. This information can be very helpful as you plan future sessions. You can get this information by asking the group at the conclusion of the session, or by using a written evaluation form (your agency probably has one they use for training).

Round-Robin Icebreaker

This icebreaker works well with groups of 6 or more.

Process

1. Divide the group into two equal-size (if possible) subgroups.
2. Have one subgroup form a circle, shoulder to shoulder, facing out (use the smaller group if the subgroups' size is unequal).
3. Have each member of the second subgroup position him/herself in front of and facing a person in the first subgroup, forming a pair. If the second subgroup is larger, ask two people to stand in front of one person.
4. Tell the group that you are going to give the group a series of statements to finish. When you do, the members of each pair introduce themselves and then finish the statement you will give them. The pairs can continue talking until you call time (approximately 2 minutes).
5. When time is called, the members of the outer group rotate 1 person clockwise, thus forming a new pair.
6. Give the group a new statement to finish, as per the first.
7. Repeat until the outer group has completed one full rotation.

Questions

It's usually best if you start with fun questions and progress to ones that focus on the session's purpose. The list below should give you some ideas. You'll need a sufficient number of questions to provide a new question to each new pair. For example, a group of 20 will require 10 questions, a group of 12 will require 6, etc.

1. My favourite TV/radio show is...
2. When I get some free time, I like to...
3. One bad habit I have is...
4. One of the funniest things that's happened to me was...
5. If I had \$100 and had to spend it on myself, I would buy...
6. One of the things I've learned from working with stroke survivors is...
7. One of the things I find most rewarding about working with stroke survivors is...
8. One of the greatest challenges I have working with stroke survivors is...
9. One thing I'd like to get out of today's session is...

Variation

If the group is small and/or time is short, consider forming groups of 4 to 6 people, seating them in a circle or around a table. Distribute the questions on slips of paper. The first person receives question #1 and answers it first. Other members then offer their information. The second person answers question #2, etc. until all members have answered a new question.

Handling Concerns

It's likely that you will encounter some challenges in your role as a coach. These may arise before or during the session. No matter when they arise, it's important not to feel defensive. Most concerns are legitimate, need to be acknowledged and deserve a thoughtful response. The table below describes some of the more common ones and identifies some possible responses.

Concern	Possible Source	Possible Responses
Time: "We don't have enough time to do these things."	<ul style="list-style-type: none"> • Stress • Learner feeling overwhelmed • Feeling ineffective 	<ul style="list-style-type: none"> • Techniques are effective, may make it easier to provide good care • Techniques promote independence, reduce dependence
Challenges to knowledge or experience: "How is it that you know all this?"	<ul style="list-style-type: none"> • Don't know coach's background/preparation • Learner is embarrassed that s/he doesn't "have all the answers" 	<ul style="list-style-type: none"> • Explain preparation • Explain that coach is a facilitator whose role is to help participants share and apply information
Discouraging comments: "We tried this years ago... and it didn't work then." or "There's not much we can do."	<ul style="list-style-type: none"> • Stress • Learner feeling overwhelmed • Feeling ineffective 	<ul style="list-style-type: none"> • While not always guaranteed to be successful, techniques have proven to be effective • Encourage a positive approach – to "give it a try" a few times
Going beyond the role	<ul style="list-style-type: none"> • Need to care for the person • Learner doesn't understand implications/risks of acts • Learner misunderstands role 	<ul style="list-style-type: none"> • Equate good care to making certain that the appropriate person provides support • Remind that one must have appropriate background to perform technique • Discuss possible implications of going beyond skill/ability • Discuss need to respect limitations of role

Chapter 2

Using the *Tips and Tools* Guide

About the *Tips and Tools* Guide

Tips and Tools for Everyday Living: A Guide for Stroke Caregivers was developed to provide practical and useful information for front line caregivers. Both paid and volunteer caregivers will find the information it contains useful.

The Guide is divided into 12 sections:

- Section 1** The Anatomy of Stroke
- Section 2** The Psychosocial Effects
- Section 3** Communication
- Section 4** Leisure Activities
- Section 5** Mobility and Skin Care
- Section 6** Routine Activities of Living
- Section 7** Cognitive and Perceptual Problems
- Section 8** Meal Assistance and Hydration
- Section 9** Specific Behaviours
- Section 10** Managing Continence
- Section 11** Risk Factors for Stroke
- Section 12** Aphasia
- Section 13** Quality Improvement and Monitoring
- Section 14** Resources

Sections 1 through 10 and 12 cover specific aspects of support. In general, these sections provide an overview of specific conditions and include techniques for types of assistance. Section 11 describes the risk factors for stroke and Section 13 describes quality improvement and management.

Section 14 lists the resources used in the preparation of the Guide. This information is useful in the event that you must obtain additional information on a topic. Another extremely useful source of information is the stroke support network in your local community. Community resources vary widely from area to area but may include your local Heart and Stroke Foundation office, the local Stroke Recovery Association, or your nearest rehabilitation facility or Regional Stroke Centre.

Throughout *Tips and Tools*, as well as the Facilitator's Guide, we have used "he" and "she" interchangeably in describing the stroke survivor. This is for convenience only, unless otherwise noted, and is not meant to be gender-specific or show bias.

In the Guide, we use the term "stroke survivor" to refer to a person who has had a stroke.

Perspective

Client Focus

First and foremost, the *Tips and Tools* Guide has a client focus. Learners will need to adapt the information in the Guide to the specific preferences, needs and circumstances of their client. Your learners may find that the person with whom they work has specific adaptations. Caution learners that the material presented provides *one* technique, not the *only* technique that may be appropriate, and that the client may have developed an approach most appropriate for himself.

Skills to be Provided Within Role

You'll likely work with learners who have various caregiving roles. In some cases, the techniques presented will fall beyond the scope of the learner's role. It is extremely important that the learner apply only the information that is within her role. A learner who is uncertain as to whether or not a technique is appropriate should discuss the issue with her supervisor.

Using the Guide as a Resource

The Guide is intended to be used as a resource, much as one would use an encyclopaedia. It's not intended to be read as one would read a novel. Learners should be guided to the information they need, as they need it. The Powerpoint presentation described on page 5 provides slide/overhead/handout templates that learners can use for handy reference.

While all three domains are part of virtually all learning, the coaching of specific material usually relies on one domain more than the others. For example, coaching a learner to assist a person to transfer relies heavily upon the psychomotor domain, as the learner actually has to perform the activity in order to learn it. To be sure, there are affective and cognitive aspects to the material, but the predominant domain is the psychomotor.

The next Chapter provides a guide to coaching the material contained in each Section of *Tips and Tools*. We suggest that you read this material first, then review the material in the Guide so that you become familiar and comfortable with the material. Remember that you don't have to have every answer. Your role is to help others use the information contained in the *Tips and Tools* Guide.

Learning Strategies

We know that adults learn best by doing. Therefore, the more you involve learners in using/applying the material, the more likely they will be able to remember the material. There are three domains of learning you should consider when coaching learners:

- **Affective** – the emotions, reactions and/or feelings associated with the material
- **Cognitive** – the knowledge or information part of the material
- **Psychomotor** – the sequencing of actions prescribed by the material.

Chapter 3

The Content

Section 1 – The Anatomy of Stroke

This Section provides basic information on the main causes of stroke, the functions controlled by the brain, some of the more common effects of strokes in the right or left hemisphere, and the role of the caregiver.

Some learners will be quite familiar with this material, while others may not. Additionally, some learners may wrongly assume that they are familiar with the information. It's always a good idea to have this information available when you first begin to coach a learner or group of learners.

It's important to stress that the effects of a stroke will vary widely from person to person. Each person is unique.

Key content you'll want to review with learners includes:

- **Stroke and TIA** (pages 5 to 8)
- **The brain's functions** (page 6)
- **Factors that determine the effect of a stroke** (page 7)
- **Recovery** (page 7)
- **Common effects by hemisphere** (pages 8 and 9)
- **Stroke risk** (page 8)
- **Warning signs of stroke** (page 8)

The Powerpoint presentation includes overhead/handout templates on each of these topics.

Coaching Ideas/Discussion:

1. The video produced to accompany the Guide provides a glimpse into the relationship between worker and survivor. It highlights the mutual benefit of the relationship. Although

it provides information on a number of techniques, it is appropriate to show when you are coaching a person whom you've not coached before.

2. Ask learners about their previous experiences working with stroke survivors. This often illustrates the individual nature of support and can be used to highlight the need to adapt the tips and tools presented to the needs and preferences of the individual.

Section 2 – The Psychosocial Effects

This Section discusses the effect of stroke on a person's emotions, his sense of self and how the person sees his ability to cope. Initial reactions are discussed, as are the reactions often experienced as time goes on following the stroke. Suggestions as to how the caregiver might help the person are provided.

The latter portion of this Section discusses the reactions the survivor's family may experience and how the caregiver may assist.

Key content you'll want to review with learners includes:

- **Initial reactions of the survivor** (page 11)
- **Reactions over the longer term** (page 11)
- **How you can assist the survivor** (page 12)
- **Reactions of the survivor's family** (page 12)
- **How you can assist the survivor's family** (page 12)

The Powerpoint presentation includes overhead/handout templates on each of these topics.

Coaching Ideas/Discussion:

1. Diane Hewhurst experienced a stroke eight months ago, at her daughter's 40th birthday party. As a result, she has difficulty walking, tires very easily and slurs her words. What are some of the emotions you might expect Mrs. Hewhurst to experience? What might you do to assist her?
2. Recall a client who was a stroke survivor. How did he react to the stroke? What type of support helped him cope? What were the family's reactions (if known)? What type of support helped the family to cope?

Section 3 – Communication

This Section discusses communication as an activity that can have a profound affect on the survivor's life. It provides a brief overview of communication, introduces the concept of communication partners, and describes the characteristics of successful communication partners.

The Section provides an overview of the effects stroke can have on communication and identifies some strategies to address them. It's important to note the factors that relate to a survivor's ability to access communication, as these can be easily overlooked.

The second half of the Section describes communication impairments that affect: motor speech (dysarthria), language (aphasia) and cognitive ability to communicate. Each type is discussed and techniques to assist the survivor are listed.

Key content you'll want to review with learners includes:

- **Characteristics of successful communication partners** (pages 13 and 14)
- **Communicating with the survivor** (pages 13 and 14)
- **Common communication problems...and what to do to help** (page 15)
- **Dysarthria** (pages 16 and 17)
- **Aphasia** (pages 17 and 18)
- **Cognitive communication impairments** (pages 19 and 20)

The Powerpoint presentation includes overhead/handout templates on each of these topics.

Coaching Ideas/Discussion:

1. Scene I in the video illustrates communication between a survivor with aphasia and her support worker. The survivor uses a number of aids (picture/word lists, gestures, written communication) to get her ideas across. Note also the ease of communication between the worker and survivor, the use of touch and the understanding of the significance of non-verbal communication.
2. What characteristics of a successful communication partner are easy for you to use? Which are more difficult? Are there other characteristics you'd add to this list?
3. Rolf Anderssen has aphasia due to a stroke two years ago. As a result, he has difficulty understanding when people speak to him. What could you do to help him communicate?
4. Recall a survivor who had a communication impairment as the result of stroke. What strategies did the survivor use to communicate? What strategies did the caregiver(s) use?

Section 4 – Leisure Activities

It's quite likely that caregivers will have some responsibility for assisting the survivor with, or helping her to prepare for leisure activities. This Section discusses strategies and assistive devices that can help the survivor resume activities of interest or explore new ones.

Caregivers and survivors often become “wrapped up” in the routine tasks of living: getting up, washing, dressing, eating, etc. It's important to bear in mind that these are important parts of support, but they are by no means the only ones. As the saying goes, “There's more to life than pulling on your pants.”

Key content you'll want to review with learners includes:

- **Assisting the survivor to identify leisure pursuits** (page 21)
- **Supporting leisure activity** (page 22)
- **Common assistive devices** (page 22)

The Powerpoint presentation includes overhead/handout templates on each of these topics.

Coaching Ideas/Discussion:

1. Mrs. Chan has always enjoyed playing card games. After her stroke, she is unable to hold the cards in her hand as she did before her stroke. She also finds that playing long card games (like bridge) causes her to become very tired. What adaptations might allow Mrs. Chan to enjoy playing cards?
2. What leisure pursuits do you have? How does taking part in these activities make your life more enjoyable? How would you feel if you had to give up these activities?

Section 5 – Mobility and Skin Care

This Section focuses on aspects of physical support provided to a survivor: transfers, positioning, walking and skin care. Proper handling and positioning, encouraging the survivor to do as much as he can independently, and providing assistance only when needed will help survivors attain and maintain an optimal level of mobility.

The Section begins with a discussion of the ways in which a survivor's mobility can be affected. General principles (called “guiding principles”) for assisting the survivor with mobility/motor function are provided.

As well, the Section provides considerable information on care of the survivor's affected shoulder. This is for good reason: improper handling of the shoulder can cause pain and/or injury. Guidelines for assisting the survivor with high and low tone are provided.

Positioning is also discussed. The goals of positioning are stated and sample procedures for various types of positioning are provided. It's important to stress that the procedures provided are examples. The procedure used with an individual survivor will depend upon the characteristics of the survivor and the furnishings used.

A large component of the Section is devoted to assisting the survivor to transfer. General principles of safe transfer are provided. Assistive devices, including the mechanical lift, are discussed, as well as guidelines for their appropriate use.

Walking and using stairs are covered. General principles for assisting the survivor to walk and to manage stairs are provided, as are guidelines for assisting the survivor to appropriately use walking aids. Guidelines for the care of the survivor's affected hand and foot are also included.

The last component of the Section is devoted to skin care. Risk for skin breakdown posed by stroke is discussed and techniques to minimize skin breakdown are listed.

Key content you'll want to review with learners includes:

- **Factors affecting the survivor's mobility** (pages 23 and 24)
- **Guiding principles for assisting with mobility and motor function** (page 24)
- **Assisting the survivor who has a low-tone shoulder** (page 25)
- **Assisting the survivor who has a high-tone shoulder** (page 26)
- **Lying on the back** (page 26)
- **Side-lying on the affected side** (page 27)
- **Side-lying on the unaffected side** (page 27)
- **Rolling onto the unaffected side** (page 27)
- **Moving from lying to sitting position** (page 28)
- **Moving from sitting to standing** (page 28)
- **Sitting in a chair** (page 28)
- **General principles of safe transfer** (page 29)
- **One person pivot (stepping) transfer** (page 30)
- **Two person pivot (stepping) transfer** (page 31)
- **Safe wheelchair use** (page 32)
- **Walking** (page 33)
- **Stairs** (page 34)
- **Caring for the survivor's hand** (page 34)
- **Foot care** (page 35)
- **Skin breakdown and skin care** (pages 35 and 36)

The Powerpoint presentation includes overhead/handout templates on each of these topics.

Coaching Ideas/Discussion:

1. Scenes I and II of the video illustrate transfers. Draw learners' attention to the communication that accompanies any transfer. Discuss how the transfer is in fact a process *between the two*, not something done to the survivor. The survivor's abilities are identified and supported in the transfer.
2. This Section is best evaluated through the learner's demonstration of the appropriate technique. Ensure learners have ample opportunity to practice techniques and to gain confidence.

Section 6 – Routine Activities of Living

This Section provides detailed guidelines for assisting the survivor with grooming, bathing, dressing and toileting. The Section opens with a discussion of the six general facets of assisting with routine activities. In each component, the procedure and required set-up are detailed.

Key content you'll want to review with learners includes:

- **Six general facets to assisting with routine activities of living** (page 37)
- **Assisting the survivor with grooming** (pages 37 and 38)
- **Assisting a survivor to bathe using a tub transfer bench** (page 39)
- **Assisting a survivor to dress** (page 40)
- **Putting on a shirt** (page 40)
- **Putting on socks** (page 40)
- **Putting on trousers** (page 41)
- **Toileting** (page 42)

The Powerpoint presentation includes overhead/handout templates on each of these topics.

Coaching Ideas/Discussion:

1. Scene II in the video provides a short dressing sequence. Note the communication that accompanies the assistance.
2. As with the Section on mobility, evaluation of the learner's ability is best done through the learner's confident and capable demonstration of the skills covered. Give the learners ample time to practice and demonstrate competence and confidence in the required skills.

Section 7 – Cognitive and Perceptual Problems

Cognitive and perceptual problems are among the most challenging faced by a survivor. They are "invisible barriers" not easy to see as physical problems, yet they have great impact on a survivor's ability to relearn skills and function. If these impairments are not understood, survivors can be perceived as unmotivated or uncooperative, and caregivers can become frustrated with them.

The initial component of this Section focuses on cognitive problems including impaired attention span, memory impairment, impulsivity, lack of insight and judgment, impaired abstract thinking skills and perseveration (getting stuck on a point).

The second component focuses on perceptual problems such as time awareness, visual and auditory neglect, body neglect, apraxia and impaired depth and distance perception.

The Section concludes with a discussion of sensory deprivation, which a survivor may experience following a stroke.

Each problem is defined. Techniques that may assist the person to deal with the problem are listed.

Key content you'll want to review with learners includes:

- **Impaired attention span, concentration and ability to focus** (pages 43 and 44)
- **Memory impairment** (page 44)
- **Impulsivity** (pages 44 and 45)
- **Lack of insight and judgment** (page 45)
- **Impaired abstract thinking skills** (pages 45 and 46)
- **Perseveration (getting stuck on a point), inability to sequence and problem-solve** (page 46)
- **Time awareness** (page 47)
- **Visual and auditory neglect** (page 48)
- **Body neglect** (page 48)
- **Apraxia** (page 49)
- **Impaired depth and distance perception** (page 49)
- **Vision problems** (page 50)
- **Sensory deprivation** (page 51)

The Powerpoint presentation includes overhead/handout templates on each of these topics.

Coaching Ideas/Discussion:

1. It can be useful to review the case examples included in the Guide. If possible, make use of any examples the learners provide.
2. Ask learners to share any coping strategies they have observed survivors use to address cognitive and perceptual problems.
3. Mrs. Almires has experienced visual neglect as the result of a stroke 10 months ago. She cannot see things on the left side of her visual field. She wants to be as independent as possible. How might you assist her with dressing and grooming?

Section 8 – Meal Assistance and Hydration

This Section discusses aspects of meal assistance and hydration. Poor nutrition and unsafe swallowing can endanger the survivor's health and quality of life. Proper positioning, safe feeding practices and appropriate diet are very important so that meals are as safe, normal and enjoyable as possible.

Feeding and swallowing problems associated with stroke are described. Techniques caregivers can use to address these problems are presented. There is a brief discussion of common modified diets.

It's important to stress the role of the learner with regard to diet modifications. In most cases, it is not within the learner's role to modify a survivor's diet. Be certain to review the procedure to follow if the learner feels that the survivor's diet is inappropriate.

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There is a brief discussion of dental hygiene. Dental hygiene can often be overlooked, yet is essential to the survivor's comfort and health. Review dental hygiene whenever you coach a learner on meal assistance.

This Section concludes with a discussion on hydration and dehydration. Fluids are described and fluid needs are listed. A discussion of thickened fluids concludes the Section.

Key content you'll want to review with learners includes:

- **Feeding and swallowing problems after a stroke** (page 53)
- **Assisting a survivor who has swallowing problems** (page 54)
- **Positioning a survivor for meals** (page 54)
- **Common problems and approaches** (page 55)
- **Common special diets** (page 56)
- **Proper dental hygiene** (page 57)

- **Risks for dehydration** (page 57)
- **Signs of dehydration** (page 57)
- **Substances to avoid when a thickened fluid diet has been prescribed** (page 58)

The Powerpoint presentation includes overhead/handout templates on each of these topics.

Coaching Ideas/Discussion:

1. Scene III of the video illustrates meal assistance. Note the pacing, technique and communication.
2. Have learners practice assisting each other with meals. The experience of being fed by someone else provides a great learning experience.

Section 9 – Specific Behaviours

This Section describes certain behaviours that can be the result of impairments from a stroke, and that can make caregiving challenging. Observing the behaviour, understanding what impairments the survivor has as a result of the stroke, and identifying what is triggering the behaviour will help caregivers determine what strategies can successfully address that behaviour.

The initial component of the Section discusses changes in personality. The remainder of the Section lists and discusses a number of common behaviours including loss of emotional control, social isolation or withdrawal, and confused or uncooperative behaviour.

Each behaviour is described and a list of coping techniques is provided. Coping techniques are only useful when the cause underlying the behaviour is addressed. Stress the fact that each survivor is unique and that caregivers must be able to work through the behaviour to identify the probable cause.

Key content you'll want to review with learners includes:

- **How stroke affects behaviour** (page 59)
- **Loss of emotional control** (pages 59 and 60)
- **Social isolation or withdrawal** (page 60)
- **Angry outbursts or aggressive behaviour** (page 61)
- **Lack of interest or motivation** (page 61)
- **Frustration due to communication difficulty** (page 62)
- **Social judgment** (page 62)

The Powerpoint presentation includes overhead/handout templates on each of these topics.

Coaching Ideas/Discussion:

1. Many of the case studies can provide the basis for discussion. If possible, use examples from the learner's own experience.
2. George Kulas was a quiet and reserved man prior to his stroke more than a year ago. Since that time, he has become much more outgoing and opinionated. This has upset his family. In particular his daughter has been upset when Mr. Kulas has made rude comments about her 15 year-old daughter's friends. What strategies might help in this situation?
3. Diane Lafontaine had a stroke two years ago. She has not made the progress that she had hoped since the stroke. If things are set up in a specific way, she is able to do much of her own personal care. When her support worker does not set things up the way she prefers, Mrs. Lafontaine becomes very angry, which in turn upsets the support worker. What strategies might help in this situation?

Section 10 – Managing Continence

Incontinence is an embarrassing, distressing and disabling problem with major implications for quality of life after stroke. Strategies to improve and manage this condition will assist the survivor to more confidently participate in activities that are meaningful to her.

Continence and incontinence are discussed in the initial component of this Section. The latter component discusses urinary tract infections. In each component, strategies that support workers can use are provided.

Key content you'll want to review with learners includes:

- **Continence problems** (page 63)
- **Normal bladder function** (page 64)
- **Age-related changes affecting continence** (page 64)
- **Symptoms of bladder dysfunction** (page 64)
- **Assisting the survivor who has bladder dysfunction** (page 65)
- **Bladder retraining** (page 65)
- **Symptoms of a urinary tract infection** (page 66)
- **Reducing risk of urinary tract infections** (page 66)

The Powerpoint presentation includes overhead/handout templates on each of these topics.

Coaching Ideas/Discussion:

1. Mrs. Smith had a stroke eight months ago. She has difficulty concentrating and making decisions. She also has difficulty walking, due to left-sided weakness. How might support workers assist her to maintain continence?
2. How can you help reduce a client's risk for a urinary tract infection?

Section 11 – Risk Factors for Stroke

This Section discusses the impact of risk factors on a person's chance of having a stroke. It provides a brief overview of modifiable and non-modifiable risk factors and discusses the importance of having a support plan that deals with a survivor's specific risk factors.

Key content you'll want to review with learners includes:

- **Modifiable risk factors** (page 67)
- **Non-modifiable risk factors** (page 67)
- **Support plan to deal with specific risk factors** (page 67)
- **Prevention activities within the Ontario Stroke Strategy** (page 67)

The PowerPoint presentation includes overhead/handout templates on each of these topics.

Coaching Ideas/Discussion:

1. Choose one or two modifiable risk factors with the stroke survivor and discuss how lifestyle and medical management can reduce these risks.
2. What resources are available to support stroke survivors to reduce their risk of another stroke?

Section 12 – Aphasia – Breaking Down Communication Barriers

It is likely that caregivers will care for a stroke survivor with aphasia. This Section discusses the definition of aphasia and general strategies for communicating with a person with aphasia. Examples of pictographic topic pages are included in this section for caregivers to use when communicating.

Key content you'll want to review with learners includes:

- **The role of the caregiver** (page 69)
- **How to use pictographic topic pages** (page 69)
- **Strategies to help caregivers get their message across** (page 70)
- **Strategies to help the person with aphasia get their message across** (page 71)
- **Where to get extra help** (page 71)

The PowerPoint presentation includes overhead/handout templates on each of these topics.

Coaching Ideas/Discussion:

1. Scene 1 in the video illustrates communication between a survivor and her support worker. What tools are used to help the survivor get her ideas across?
2. Have learners practice general strategies for communication through role play. Ask participants to divide into pairs. Ask one partner to play the role of a person with aphasia and the other partner the role of a caregiver. Ask the partners to change roles. Discuss what was challenging and what strategies were successful.

Section 13 – Quality Improvement and Monitoring

The *Tips and Tools* program focuses on current best practice in caring for stroke patients in long-term care and community settings. Quality monitoring helps to ensure that best practice is established and maintained. This Section discusses the principles and processes for developing a quality monitoring program and provides examples of indicators to help caregivers assess their practice.

Key content you'll want to review with learners includes:

- **The goals of quality monitoring** (page 75)
- **The features of a good quality monitoring process** (page 75)
- **Examples of measurement tools** (page 75)
- **Principles of quality of life, customer focus and team approach** (page 76)
- **The use of indicators for continuous improvement** (page 76)
- **Examples of indicators that correspond to each section of *Tips and Tools*** (page 77)

The PowerPoint presentation includes overhead/handout templates on each of these topics.

Coaching Ideas/Discussion:

1. Divide the participants into small groups. Ask each group to choose an indicator from Table 12, p.77. Discuss how current practice compares to the indicator and what could be changed to incorporate best practice. Ask each group to summarize their discussion for the larger group.

Chapter 4

Additional Resources

The Heart and Stroke Foundation has produced a number of excellent resources. These are listed in Section 14 of the *Tips and Tools* Guide, and on the inside back cover.

Related Resources for Professional Education Manuals

The following professional education resources, produced by the Heart and Stroke Foundation of Ontario, are available by contacting 416-489-7111 ext. 389 or csor@hsf.on.ca

**Best Practice Guidelines for Stroke Care.
A Resource for Implementing Optimal Stroke Care**

**Building a Coordinated Stroke System:
An Evaluation of the Coordinated Stroke Strategy**

A Guide for Establishing a Regional Coordinated Stroke Strategy

A Guide to Developing Stroke Prevention Clinics

A Guide to Organizing Acute Stroke Care

Moving Towards a Regional Stroke Rehabilitation System

Organized Stroke Care: Managing Change

Organized Stroke Care: Education Resources

Organized Stroke Care in Ontario: The Time is Now!

The Heart and Stroke Foundation has also produced
Let's Talk About Stroke – Guide for Stroke Survivors and Families

For more information about Patient Resources,
visit www.heartandstroke.ca

