

Registered Ward Nurse (Stroke novice to expert)

National Stroke Nurse Working Group

This document is designed to provide a comprehensive summary of responsibilities relevant to the role of the Stroke Ward Nurse. It can be used to inform job descriptions and assist nurses with goal setting, career pathways and career progression in stroke nursing.

Core expertise: Registered Nurse

Key partnership with inter-disciplinary (IDT) members to promote a strong team culture

Location: The Stroke Ward Nurse works in a range of site sizes, geographical area and types of role Date: 11 June 2015

1. Standard RN Practice		
Key	The Ward Nurse is involved in the following standard practice including:	
accountabilities	- Maintaining a current professional development plan (2 – 3 year plan)	
	- Teaching others (e.g. new nurses, in-service presentations)	
	- Undertakes five days personal education / year (MECA) pro-rata inclusive of minimum 8 hours	
	stroke specific education	
	- PDRP (professional development and recognition programme) competent and proficient	
	- De-escalation / violence intervention (VIP) training	
	- Providing patients and family with education	
	- Participating in stroke-specific audit and service development (optional)	
	- Cultural competency including:	
	 Nursing Council competencies 	
	 Understanding of risk factors 	
	- Ability to provide advocacy role	
	 Patient advocacy around unique stroke issues (e.g. complex communication issues) 	
2. Stroke Specific and Maintenance Skills		
	In addition to core nursing competencies the Ward Nurse (stroke) is expected to access skills training via:	
	- STARS (Stroke Training and Awareness Resources)	
	http://www.strokecorecompetencies.org/node.asp?id=home	

- Stroke n http://w - Expertis - Knowled - Awarene primary, - Practice - Nurse de	e - http://www.estroke.com.au hurse advancing competencies - hww.strokeadvancingmodules.org/node.asp?id=home e in stroke specific assessment, evaluation, documentation and referral lige and understanding of stroke specific tools (mRS, FIM, NIHSS) less of and ability to educate patients / families / Whanau (brain injury, driving, //secondary prevention, co-morbidities) with an understanding of rehabilitation focus as part of the IDT (Interdisciplinary team) hysphagia screening neurological assessment including the Glasgow coma scale.
3. Work according to National / Local Guidelines	
, ,	access and utilise (implement) national and local stroke guidelines, protocols, pathways.

Comments about this document may be addressed to the National Stroke Network Coordinator. Email:ginny.abernethy@stroke.org.nz