

# Acute Stroke Action Program



**ASAP**  
Acute Stroke Action Program



**Stroke**  
FOUNDATION

An RACGP and ACRRM accredited CPD activity (40 points)

## Post-program reflection activity - Summary sheet

Once you have completed the post-program reflection activity (see following page), fill in this summary sheet and then:

**PLEASE EMAIL TO: [remedy.education@syd.ddb.com](mailto:remedy.education@syd.ddb.com) or PLEASE FAX TO: (02) 8260 2467**

**PLEASE PRINT IN BLOCK LETTERS:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

RACGP CPD number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I confirm that I have completed the post-program reflection activity for the Acute Stroke Action Program accredited CPD activity.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Learning outcomes

**At the conclusion of the full educational program, participants will be able to:**

- > Describe the serious burden of stroke in Australia and the challenges that need to be overcome to reduce this burden
- > Proactively identify patients at increased risk of stroke within their practice
- > Implement guideline-based management approaches to reduce risk of stroke in both patients at risk for stroke and in those who have had a prior stroke
- > Triage patients with acute stroke to help ensure optimal outcomes
- > Develop practical strategies within their practice to ensure F.A.S.T. awareness



Activity no. 234068



ActivityID Number: 21823

Education provider

**DDB** Remedy

46-52 Mountain Street,  
Ultimo, NSW 2007.  
Phone: (02) 8260 2222.  
Provider no. 557853

# Post-program reflection activity



**Please complete the following activities following your completion of module 3 of the Acute Stroke Action Plan.**

*Note: This should take approximately 30 minutes of your time.*

Please answer the following questions on a scale of 1 to 10

(1 = not at all comfortable; 10 = most comfortable)

	1	2	3	4	5	6	7	8	9	10
I feel confident that I can recall the 10 risk factors that are associated with 90% of stroke risk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident that I have comprehensively assessed my patients for stroke risk factors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident that I have optimally managed stroke risk factors in my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident that all my patients can identify the signs and symptoms of stroke and know how to respond.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident that all my practice staff can identify the signs and symptoms of stroke and know how to respond.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please consider the following reflective questions.**

Q. How many patients do you estimate are at risk for stroke in your practice and what are the most common stroke risk factors that you see?

Q. Describe any systems that you currently have in place in your practice to identify stroke risk factors and optimise management.



# Post-program reflection activity



Q. Describe the kind of education (if any) your at-risk patients have received so they can recognise the signs and symptoms of stroke and know what to do.

*Was this documented in the patients records: Yes / No*

Q. Describe the kind of education (if any) your practice staff have received so they can recognise the signs and symptoms of stroke and know what to do.

*Was this documented in the patients records: Yes / No*

Q. Revisit the barriers you identified to effective stroke prevention and management in the predisposing activity and list some simple solutions to overcome these



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