

Acute Stroke Action Program



An RACGP and ACRRM accredited CPD activity (40 points)

Formal assessment

Following the completion of all three modules please:

- > Complete the learning outcomes assessment below
- > Fill in and return the *Confirmation of program completion form* (next page) and then:

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

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

Learning outcomes

Please circle your response to each of the following questions below (T = true, F = false):

Stroke is the third-leading cause of death in Australia	T	F
Australians living in metropolitan areas are more likely to suffer a stroke than those in regional areas	T	F
Modifiable risk factors for stroke include: <ul style="list-style-type: none">• Hypertension• Current smoking• Waist-to-hip ratio• Poor diet• Physical inactivity• Alcohol consumption high• Apolipoproteins B/A1• Diabetes mellitus• Psychosocial stress• Cardiac causes	T	F
Most strokes are not preventable	T	F
Prevention of stroke requires proactive identification of patients who are at increased risk of stroke and systematic implementation of guideline-based management approaches to manage risk factors	T	F
Patients with high risk factors for stroke and their loved ones should be trained on identifying the signs of stroke and F.A.S.T. to ensure action is taken immediately	T	F
All practice staff including reception should be trained and able to recognise the signs of stroke to ensure patients receive treatment as quickly as possible	T	F

Based on the audit you have completed in module 3, please provide brief details on the following:

How did you assess your patients to determine their level of risk of stroke?

Of the patients you assessed, how many had you previously identified were at increased risk of stroke?

Of the patients you assessed, how many had you previously identified were at increased risk of stroke and had provided education to them and their families about how to recognise the symptoms of a stroke/TIA including what to do if they suffered any symptoms?

How many of the patients that you recalled had their management adjusted (to follow best practice guidelines)?



Formal assessment



Based on the audit you have completed in module 3, please provide brief details on the following:

For the patients and their families you identified as being at an increased risk of stroke and recalled please describe the education they received to ensure they know what to do in the event of a TIA or stroke.

Please briefly describe the education/training in place for the practice staff including reception to be able to recognise the signs of stroke to ensure patients receive treatment as quickly as possible

What systems have you put in place to help you apply your learnings from this program?

The program administrators will be providing written feedback on the answers you've submitted to this formal assessment.

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Confirmation of program completion

In order to receive your 40 CPD points, please verify the completion and submission of each of the following program elements, provide all your details and signature and then:

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- Confirmation of completion of predisposing activity (summary sheet only)
- Confirmation of completion of module 1 (summary sheet only)
- Attendance at the module 2 meeting
- Confirmation of completion of module 3
- Completed formal assessment
- Confirmation of completion of post-program reflection activity (summary sheet only)
- Completed evaluation

PLEASE PRINT IN BLOCK LETTERS:

Title: _____ First Name: _____ Surname: _____

RACGP CPD number: _____

Phone: _____ Email: _____

I confirm that I have completed all requirements for the Acute Stroke Action Program accredited CPD activity.

Signed: _____ Date: _____

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



Activity no. 234068



ActivityID Number: 21823

Education provider

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