Cognitive Management Pathways in Stroke Services (COMPASS): the identification and management of cognitive problems by community stroke team

Key findings

- There is diversity in the screening and identification of cognitive problems in patients following stroke, by UK occupational therapists.

- Cognitive screening assessments are used by occupational therapists based on availability, familiarity and cost rather than evidence for validity or sensitivity.

- There is variation in the interpretation of cognitive assessments which has implications for clinical practice.

Project aims

The aim was to find out what was happening in day to day practice, with regard to the identification and management of cognitive problems by community stroke teams, and to design a manualised intervention for use by OTs to be formally tested in the future.

The aims for each phase were:

**Phase 1** - to document the current levels of knowledge of OTs in community stroke teams.

**Phase 2** - to identify key issues in undertaking cognitive assessment and explore barriers and facilitators to the implementation of cognitive screening pathways in community stroke teams.

**Phase 3** - to develop a cognitive rehabilitation manual based on work with local community stroke teams.

Background

Occupational therapists (OTs) play an important role in the rehabilitation of stroke survivors, and have a key role in cognitive rehabilitation. However, little is known about the identification of cognitive problems by OTs, the screening assessments that OTs undertake and how these are used to shape rehabilitation plans. We wanted to describe current practice and investigate the development of an intervention to be used nationally.

Methodology

**Phase 1** - The aim was to recruit 40 OTs working primarily in community stroke services. Patient vignettes (i.e. brief descriptions of individual patient scenarios) presented examples of common cognitive problems: each contained signs and symptoms of 2 common cognitive problems. Questions to identify OTs’ knowledge of cognition and cognitive assessments were included. Descriptive statistics were used to analyse data.

**Phase 2** - We aimed to recruit a purposive sample of at least 20 participants. Semi-structured interviews were conducted and covered: how clinicians decided who to screen; cognitive assessments used and why; how scores were interpreted; barriers and facilitators to undertaking cognitive assessments; and how assessments could impact on rehabilitation plans. Data were analysed using a framework approach.

**Phase 3** - We wished to recruit two or three NHS community stroke teams who did not have formal clinical psychology input. Two part-time clinical psychologists were employed to work with OTs to:

i) provide advice, education and training in cognitive screening and rehabilitation,
ii) collect information about existing cognitive pathways and OT practice, and
iii) develop a manualised intervention based on the data collected.

We planned to draw data together from all three phases to develop a cognitive manualised intervention.
Recommendations

- There is a need to reduce the number of assessment tools being used. Decisions about tools need to be based on research rather than factors such as cost and familiarity.
- Clinical psychologists could be used to support OTs to develop pathways to assess and manage cognition tailored to each community stroke service. OTs can be and are willing to be up-skilled.
- Local networks could be developed to allow OTs to share resources and increase accessibility to a wider range of cognitive assessments.
- Research is needed to evaluate whether the development of cognitive pathways leads to increasing the frequency of completing cognitive assessments and how, if at all, this improves patient care.

Conclusions

This was the first UK study to examine the day to day assessment and management of cognitive problems after stroke, by OTs, in community settings.

Our findings suggest there is diversity within UK OTs with regard to screening and identifying cognitive problems in patients following stroke. Cognitive screening assessments are being used based on availability and familiarity rather than on evidence regarding their validity and sensitivity. There is also variation in the interpretation of such assessments, which has implications for clinical practice.

One of our original study aims was to develop a manual, based on the input to community stroke teams. However, this was not possible due to the significant differences in team structure, limited service resources and the different approaches taken by OTs to assess and manage cognitive problems. Instead we produced some generic principles based on our research findings.

Given the current issues with clinical psychology staffing nationally, OTs would be well placed to assess and manage day to day cognitive issues in people with stroke. Ideally, this should be with access to guidance from a clinical psychologist covering a larger geographical area. However further research is needed to first inform the development of more detailed guidance and training for OTs. COMPASS lays the foundations for this further research.

Publications


Geraghty J, Ablewhite J, Das Nair R, Lincoln N, Drummond A., Cognitive Management Pathways in Stroke Services (COMPASS): results of a national vignette study with occupational therapists (Submitted for publication)

Roffe J. Kontou E, Das Nair R. Drummond A. Can Clinical Psychology input into community stroke teams improve Occupational Therapists’ ability to identify and manage cognitive problems? (Submitted for publication)

This study, conducted in 2017-2019, received funding via a Research Priority Grant from the UK Occupational Therapy Research Foundation

Grant holder: Professor Avril Drummond

Copyright © Royal College of Occupational Therapists and the University of Nottingham

Acknowledgements

- UK Occupational Therapy Research Foundation for funding this study.
- Steering group members: Karen Clements, Assoc. Prof Natasha Lannin, Prof Nadina Lincoln, Robert Norbury, Prof Nikola Sprigg and Stephen Simpson.
- Expert panel members: Kimberley Fletcher, Nima Moghaddam and Karen Treece
- Dr Esme Worthington and Dr Jade Kettlewell for additional support.
- Particularly, the study participants and community stroke teams who contributed.