



CANADIAN STROKE BEST PRACTICE RECOMMENDATIONS

Stroke Systems of Care

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Appendix Three: CSBPR Stroke Education Framework

*Hunter G, Arsenault S (Writing Group Co-Chairs)
on behalf of the Canadian Stroke Best Practice Recommendations
Stroke Systems of Care Writing Group, the Canadian Stroke Best Practice
Recommendations Advisory Committee, and in collaboration with the
Canadian Stroke Consortium, Can Stroke Recovery Trials Platform and the
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Stroke Education Framework for Individuals with Stroke, Family & Caregivers

This document provides a guide for all healthcare providers and educators across the continuum of care who interact with individuals with stroke, their family and caregivers. The goal of this framework is to provide a systematic and comprehensive outline of core topics (Table One) that are important to address along the continuum of stroke care. In this context, patient education involves interventions that facilitate learning (facts plus interpretation and integration of information in such a manner as to bring about attitude or behavior changes).¹

These topics should be considered within each stage and setting of care and across all transitions. Public education and increasing awareness of stroke signs is an imperative. Once a stroke event occurs, it is important to ensure individuals, and their families are provided with education on ongoing basis and regularly reinforced by all team members throughout rehabilitation and recovery which may help to build up self-management capacity, understanding and ability to actively participate in their care and recovery and optimize outcomes.

Regardless of form, educational activities should adhere to some core principles for delivering education following stroke:

- Be person-centred and respect values, needs, preferences. Individuals with stroke, their family and caregivers should be active participants in educational activities.
- Be provided in a learning environment that is inclusive, culturally sensitive, trauma-informed, and free from bias or discrimination
- Be formal or informal, oral and written, and ideally a combination of multiple methods.
- Be presented in many forms, such as individual or group learning, in person or virtual, synchronous or asynchronous.
- Be individualized, adapted to the individual's abilities, readiness to learn, health status, health literacy, comprehension levels, and offered in a variety of languages.
- Minimize jargon and consider target reading level (i.e., grade 6), and complexity of educational materials provided.
- Use visual aids and apply teach-back methods.
- Be routinely documented in the health record, including time of education interaction, topics covered and level of understanding.
- Be goal-oriented, active, and practical to engage the learner (i.e., involving a tailored conversation) – this approach will likely be more effective than passive information (i.e., providing multiple information pamphlets without reviewing them in an interactive way).

¹ Hafsteinsdóttir TB, Vergunst M, Lindeman E, Schuurmans M. Educational needs of patients with a stroke and their caregivers: a systematic review of the literature. *Patient Educ Couns*. 2011 Oct;85(1):14-25.

- Repetition is important. Reinforce and build on content previously shared, check for comprehension, and allow time for questions to be asked and answered.
 - The timing and duration of education post stroke is important. Aim for 15-20 minute sessions and morning sessions to minimize cognitive fatigue. Consider frequency, reinforcement, comprehension, and tolerance.
 - Family and caregivers may have different information needs. Involve family and caregivers in education sessions when appropriate and consider including information about coping strategies and community supports and resources.
 - Ideally have designated staff identified to provide targeted education, while recognizing all team members have a responsibility to provide and reinforce education for those they care for.
 - Provide training for healthcare team members in teaching methods that incorporate adult learning theory, and motivational interviewing.
 - Organizations should evaluate their processes for providing stroke education and their approach to monitoring quality and effectiveness.
 - Not all topics will be applicable to each individual with stroke; however, components of stroke education should be considered – including self-identified content areas and provider identified information needs.
 - Education content should be consistent across the continuum of care. Attempts should be made to minimize conflicting information.
 - Continually modify education materials and plan regular updates to ensure current, accurate and relevant.
 - Provide access to ongoing educational resources at all care transitions.

Table One: Core Educational Content across the Stroke Continuum

STROKE AWARENESS AND ACTION	ACUTE STROKE CARE	STROKE PREVENTION	STROKE REHABILITATION AND RECOVERY	COMMUNITY PARTICIPATION
<i>Ongoing review and reinforcement of all information previously provided that is relevant to the individual with stroke and their unique situation</i>				
<ul style="list-style-type: none"> Reinforce Signs of Stroke, including FAST (Face, Arms, Speech, Time) Importance of calling 911 if any stroke signs and symptoms appear again after initial stroke Never drive self or someone with stroke to hospital on your own Risk factors for stroke <ul style="list-style-type: none"> High Blood Pressure Atrial Fibrillation Obesity High Sodium Diet Diabetes High Cholesterol Lack of Exercise Smoking Sleep Apnea Family History Environmental Social Isolation Unique risk factors for women 	<ul style="list-style-type: none"> Define what a stroke is, types of stroke, and cause of stroke for individual if known Diagnostic tests <ul style="list-style-type: none"> CT scan MRI Carotid imaging ECG for AFib detection Other tests and interventions Consent and decision-making regarding treatment Acute management plan Acute intravenous thrombolysis Endovascular interventions Involvement of neurosurgery if applicable and why Admission process and what to expect after admission Potential impairments and limitations – what areas may be involved, potential outcomes and impact Focus on self-management and involvement of family and informal caregivers in daily activities 	<ul style="list-style-type: none"> Effects of stroke in months following index event – risk for depression, cognitive changes, sleep apnea, post-stroke fatigue; and provide strategies and self-management skills so individual with stroke, families and caregivers can manage in community and home settings Medication management Atrial fibrillation risks and management as appropriate Adherence to medication and other therapies and treatments Access to community resources and stroke support groups Re-access to healthcare system Advance care planning and personal health directives 	<ul style="list-style-type: none"> Educate individuals with stroke about goal setting so they can actively participate in goal setting and care planning across settings Information regarding specific individualized rehabilitation needs Rehabilitation settings (inpatient and outpatient) and goals of care Roles of each of the rehabilitation team members involved in care Individualized rehabilitation plan to address current impairments and limitations The types or rehabilitation exercises and activities that could and should be done between scheduled sessions with therapists Patient, family caregiver safety while participating in rehabilitation – such as how to prevent complications or minimize falls. 	<ul style="list-style-type: none"> Importance of information transfer and provision of written core information about previous stroke related episodes of care to share with stroke experts and recovery team members in next phase of care, including primary and community care Appropriate expectations for recovery of impairments and limitations, time frames and likely transition points appropriate to the individual Addressing functional issues – ongoing rehabilitation and physical activity recommendations, personalized plan of care and goal setting Self-management skills for mobility, symptom management, medication adherence and activities of daily living, strategies to prevent complications and recurrent stroke, safe transfers and bathing techniques Ongoing management of sleep health and energy conservation strategies to address post-stroke fatigue

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<ul style="list-style-type: none"> • Risk of stroke for all age groups from newborns to children, young adults and older adults 	<ul style="list-style-type: none"> • Medications: purpose, schedule, interactions, adherence • Risk of complications, and activities to promote safety and prevent complications • Family and caregiver safety and role in recovery • Initiate transition planning • Discuss potential pathway for care and likely next setting of care • Potential for home modifications prior to discharge • For individual with stroke discharged directly from the ED: <ul style="list-style-type: none"> • Need for follow-up with primary care and stroke specialists (refer to prevention education) • Risk of recurrence and review of stroke signs and symptoms • Accessing resources and stroke support following discharge • Accessing resources and stroke support following discharge from acute care • Expectations for recovery following discharge, addressing issues including depression, post-stroke fatigue, rehabilitation 		<ul style="list-style-type: none"> • Self-management skills for mobility and activities of daily living • Importance of good sleep health and management of post-stroke fatigue • Strategies to address communication issues such as aphasia, and ways family and others can be involved in learning supportive communication techniques • Nutrition and management of dysphagia, and safe swallowing strategies to reduce aspiration risk • Management of bowel and bladder issues • Discharge planning, type of care needed after discharge, and required modifications to living setting prior to discharge from inpatient rehabilitation • Information on potential mental health challenges such as mood, depression, anxiety, behaviour changes, and ways to recognize these and seek help • Information on potential cognitive challenges following stroke, and ways to recognize these and seek help 	<ul style="list-style-type: none"> • Need for follow-up with primary health care providers for ongoing monitoring and management • Ongoing monitoring and strategies to address psychosocial and cognitive issues, i.e., problem-solving techniques, decision-aides, stress management, fear, mood changes and depression, family support, referrals to community resources • System navigation and reconnecting to healthcare teams when needed • Food preparation and modifications to address dysphagia • Types of services available in the community and how to access them – e.g., mobility assistance, meal delivery, communication support, respite care, transportation • Linkage to support groups and peer support resources • Social and leisure activity review and importance of resuming social interactions • Information regarding resuming vocational, educational and driving activities

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	<p>needs and access, and issues for social reintegration</p> <ul style="list-style-type: none"> • Re-access to healthcare system • Advance care planning and personal health directives • Palliative and end-of-life care when applicable 		<ul style="list-style-type: none"> • Access to therapists and programs for ongoing rehabilitation in out-patient and community settings • Access to community resources and stroke support groups • Explore return to leisure and social activities • Re-access to healthcare system following rehabilitation • Advance care planning and personal health directives • Return to work and driving 	<ul style="list-style-type: none"> • Information regarding relationships and sexuality post-stroke • Information and strategies for parenting and resuming caregiver roles following stroke • Advance care planning and personal health directives • Strategies to address caregiver burnout • Access to women-specific recovery resources