

# STROKE CARE IN INSTITUTIONS: UNDERSTANDING THE CONSEQUENCES AND ADAPTING PROFESSIONAL PRACTICE

**Training for healthcare professionals, caregivers, and activity coordinators working in care facilities**

Master the aftereffects of stroke to provide personalized and effective daily support

<b>Duration :</b> 6 to 7 hours	<b>Modules :</b> 8 modules
<b>Lessons :</b> 32 lessons	<b>Audience :</b> Healthcare professionals in institutions (care assistants, nurses, activity coordinators)
<b>Format :</b> 100% online, asynchronous	<b>Provider :</b> N° 11757351875
<b>Certification :</b> Qualiopi	<b>Price :</b> On request

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## Course description

This comprehensive training enables professionals working in care facilities to understand the multiple consequences of stroke and adapt their daily practices accordingly. Through a detailed exploration of motor, cognitive, language, sensory, and emotional sequelae, participants will acquire the keys to observe, analyze, and adjust their support to each resident's specific profile. The training emphasizes practical adaptations in care, communication, cognitive stimulation, and multidisciplinary coordination. At the end of this program, each professional will be equipped to contribute actively to the recovery of autonomy while preserving the quality of life of residents affected by stroke.

## Module summary

<b>MODULE 1</b>	STROKE — mechanisms and cerebral consequences	4 lessons
<b>MODULE 2</b>	Cognitive sequelae — understanding to provide better support	4 lessons
<b>MODULE 3</b>	Language and communication — adapting one's practice	4 lessons
<b>MODULE 4</b>	Emotional and psychiatric aftereffects — understanding without overreacting	4 lessons
<b>MODULE 5</b>	Cognitive stimulation in an establishment	4 lessons
<b>MODULE 6</b>	Supporting the recovery of autonomy	4 lessons
<b>MODULE 7</b>	Multidisciplinary coordination and transmissions	4 lessons
<b>MODULE 8</b>	Families, ethics, and the meaning of care	4 lessons

## Learning objectives

### Learning objectives

- Understand the cerebral mechanisms of stroke and the diversity of resulting sequelae
- Identify and differentiate motor, cognitive, language, sensory, and emotional consequences
- Adapt care, communication, and daily support to each resident's specific profile
- Integrate cognitive stimulation into routine care while respecting fatigue limits
- Implement effective multidisciplinary coordination and structured transmissions
- Support families and maintain quality of life for residents despite the aftereffects
- Prevent complications and recognize warning signs requiring immediate intervention
- Preserve one's own well-being while providing quality professional support

## General information

<b>Duration</b>	6 to 7 hours
<b>Target audience</b>	Care assistants, nursing assistants, nurses, activity coordinators, senior residence companions, home care workers
<b>Prerequisites</b>	None, training accessible to all adult audiences
<b>Price</b>	Upon request - VAT not applicable (Article 261-4-4° of the CGI)
<b>Certification</b>	Qualiopi - Certificate of completion
<b>Training organization</b>	DYNSEO - Activity registration number: 11757351875

**Lesson 1 - What happens in the brain during a stroke**

- Ischemic stroke vs hemorrhagic stroke: mechanisms, frequency, risk factors
- The major brain areas and their associated functions
- Why two people who have had a similar stroke can have very different aftereffects
- The concept of brain plasticity: what it allows and its real limits

**Lesson 2 - From the hospital to the facility — understanding the care pathway**

- The phases of care: emergency, acute care, rehabilitation, return to facility
- What happens in a neurovascular unit (UNV) and in a rehabilitation center
- What the professional in the facility receives as information — and what is often missing
- Reading and understanding a hospitalization report or rehabilitation assessment

**Lesson 3 - Motor sequelae — recognizing and understanding**

- Hemiplegia and hemiparesis: definitions, affected sides, asymmetry of consequences
- Spasticity: mechanisms, manifestations, impact on care and mobilization
- Balance and coordination disorders: associated risks, professional vigilance
- Post-stroke neuropathic pain: recognize, do not minimize, report

**Lesson 4 - Hemispatial Neglect and Perceptual Disorders — The Invisible Not to Be Ignored**

- Definition of unilateral spatial neglect: mechanism and concrete manifestations
- Practical consequences in care: approach, feeding, mobility
- Associated visual disorders: hemianopsia, diplopia, oculomotor disorders
- Body perception disorders: asomatognosia, motor anosognosia
- Systematically adapt one's position and environment accordingly

**Lesson 1 - Memory and Learning After a Stroke**

- The different memory systems affected: episodic, working, procedural
- What the person retains vs what they forget: very varied profiles depending on the lesion
- Impact on learning new gestures or new care routines
- Adapting instructions and learning to the person's memory profile

**Lesson 2 - Attention, concentration, and processing speed**

- Post-stroke attentional disorders: sustained, divided, selective attention
- Cognitive slowing: why the person takes longer to respond and act
- Concrete consequences in care: do not confuse slowness with refusal
- Adapt the pace, reduce distractors, sequence instructions

**Lesson 3 - Executive functions — planning, initiative, and flexibility**

- Definition of executive functions and their role in daily life activities
- Planning disorders: the person no longer knows where to start
- Loss of initiative (abulia): differentiate between laziness, depression, and frontal impairment
- Cognitive rigidity: difficulty in changing tasks or adapting to unforeseen events
- Adapting instructions: short steps, gradual guidance, structured routine

**Lesson 4 - Cognitive fatigue — the most underestimated consequence in institutions**

- Definition and mechanisms of post-stroke neurological fatigue
- Fundamental difference with ordinary physical fatigue
- How cognitive fatigue manifests throughout the day and during care
- Organizing care, activities, and visits while considering the energy window
- What exacerbates fatigue: overstimulation, noise, multitasking, overly long visits

**Lesson 1 - Aphasia — forms, mechanisms, and real impact**

- Definition of aphasia and its main forms: Broca, Wernicke, global, anomic
- What the person understands vs what they can produce: never confuse
- Dysarthria and apraxia of speech: differences with aphasia, practical consequences
- The psychological impact of aphasia: shame, isolation, depression, regression

## Lesson 2 - Adapting your professional communication with a person with aphasia

- The fundamental rules: short sentences, slow pace, one piece of information at a time
- Use alternative supports: pictograms, gestures, charts, applications (MY DICTIONARY)
- Validate understanding without making them repeat unnecessarily
- What should never be done: speaking for them, raising your voice, excluding from the conversation
- Adapt communication according to the type of aphasia and the person's profile

## Lesson 3 - Swallowing disorders — vigilance and adaptation in facilities

- Post-stroke dysphagia: mechanisms, frequency, types (liquids, solids, mixed)
- Associated risks: aspiration, aspiration pneumonia, malnutrition
- Warning signs during meals to identify and report immediately
- Appropriate textures and thickeners: know the recommendations and apply them
- Correct positioning during meals: essential rules

## Lesson 4 - Eating disorders and smell/taste disorders

- Olfactory agnosia and taste disorders post-stroke: impact on appetite and food enjoyment
- Food recognition disorders: visual agnosia applied to meals
- Disrupted eating behaviors: voracity, selectivity, unexplained refusals
- Adapting meal presentation, the environment, and the time dedicated to eating
- Tracking food observations to inform medical follow-up

## MODULE 4

### Emotional and psychiatric aftereffects — understanding without overreacting

4 lessons

## Lesson 1 - Post-Stroke Depression — Recognize and Report

- Frequency and dual origin of depression: neurological and reactive
- Specific signs to identify: differentiate depression, previous grief, and abulia
- Direct impact on recovery and cooperation in care
- Role of the professional in the establishment: observe, report, do not diagnose

## Lesson 2 - Emotional lability and emotional control disorders

- Neurological mechanisms of emotional lability post-stroke
- How to behave during an episode without aggravating or minimizing
- Distinguish emotional lability, depression, and appropriate emotional reaction
- Inform families who do not understand these manifestations

## Lesson 3 - Anxiety, phobias, and post-traumatic stress syndrome

- Stroke as a traumatic event: fear of dying, fear of a second stroke, fear of falling
- Manifestations of anxiety in institutions: agitation, repeated requests, clinging
- Secondary phobias related to care: how to identify and gradually defuse them
- Creating a safe environment as a therapeutic tool in its own right

## Lesson 4 - Less Known Neuropsychiatric Disorders

- Capgras syndrome and other identification illusions: do not confuse with psychosis
- Obsessive behaviors and post-lesional rituals: origin and gentle management
- Body schema disorders and disturbed experience of one's own body
- When to refer for a neuropsychological or psychiatric evaluation

## MODULE 5

### Cognitive stimulation in an establishment

4 lessons

## Lesson 1 - Principles of post-stroke cognitive stimulation

- Brain plasticity and the recovery window: why to stimulate early and regularly
- The functions to prioritize based on the person's injury profile
- Cognitive stimulation vs excessive solicitation: finding the right level
- The specific role of the non-care professional in daily cognitive stimulation

## Lesson 2 - Integrating cognitive stimulation into routine care

- Personal hygiene, dressing, and meals as opportunities for natural stimulation
- Integrated exercises: memory, attention, language in daily gestures
- Adapt the complexity according to the day's fatigue and observed abilities
- Record observations for the team and therapists

## Lesson 3 - Using digital tools for cognitive stimulation

- Presentation of cognitive stimulation applications adapted post-stroke (JOE, EDITH)
- How to choose exercises according to the cognitive profile of the person
- Establish a digital stimulation routine: frequency, duration, setting
- Motivate without coercion: make stimulation desirable
- Communicate results and progress to the care team

## Lesson 4 - Therapeutic activities and adapted workshops in the establishment

- Validated activities for cognitive stimulation post-stroke: music, reading, games
- Adapt collective activities to the varied sequelae profiles of the group
- Adapted physical activity as a lever for cognitive recovery
- Design a coherent weekly activity program aligned with rehabilitation goals

### MODULE 6

## Supporting the recovery of autonomy

4 lessons

### Lesson 1 - The fundamental principle — stimulate without doing it for them

- Why doing instead hinders neurological recovery
- Gradate the assistance: total assistance, guidance, supervision, complete autonomy
- Dressing, hygiene, meals: support techniques adapted to hemiplegia
- Use technical aids: orthoses, adapted utensils, grab bars, chairs

### Lesson 2 - Arranging the environment in an establishment

- Risk assessment in the room and common areas
- Adapting the environment according to the affected side, visual impairments, and hemispatial neglect
- Signage, visual contrasts, space organization: practical principles
- Technical aids and adapted equipment: selection, installation, correct use

### Lesson 3 - Preventing physical complications

- Pressure sores: specific post-stroke risk factors, positioning, monitoring
- Contractures and retractions: gentle mobilization, adherence to physiotherapist recommendations
- Falls: risk assessment, preventive reflexes, what to do after a fall
- Inhalation pneumonia: link with dysphagia, systematic vigilance during meals

### Lesson 4 - Preventing the Second Stroke — Role of the Professional in the Establishment

- Cardiovascular risk factors to monitor on a daily basis
- Medication adherence: identify a missed dose or refusal, alert without prescribing
- Recognizing the signs of a stroke in progress or a TIA: the FAST protocol in the facility
- Emergency procedure in the facility: who to call, what to say, what to do while waiting

### MODULE 7

## Multidisciplinary coordination and transmissions

4 lessons

### Lesson 1 - The multidisciplinary team around the resident post-stroke

- Respective roles: physiotherapist, speech therapist, occupational therapist, neuropsychologist, doctor
- The specific role of the support professional: privileged field observer
- Do not encroach on roles but enrich the team with valuable daily observations
- Apply the recommendations of the rehabilitation professionals in ordinary care

### Lesson 2 - Observe and transmit like a professional

- What is a useful clinical observation: precise, factual, without hasty interpretation
- What to note: developments, regressions, unusual behaviors, warning signs
- Transmission tools in the establishment: care file, software, communication notebook
- Write a transmittable observation in 3 clear and useful sentences for the team

### Lesson 3 - Contribute to multidisciplinary meetings

- Prepare your contribution to a synthesis or case meeting
- Present a field observation in a structured and convincing manner
- Listen to and integrate information from other professionals into your practice
- Manage professional disagreements regarding the care of a resident

### Lesson 4 - Accompanying transitions and changes in care management

- Change of structure, return home, hospitalization: the risks of disruption
- The role of the professional in the continuity of information during transitions
- Supporting the person and their family during significant changes
- Anticipating and preparing: human assistance, equipment, medical follow-up to organize

## MODULE 8

## Families, ethics, and the meaning of care

4 lessons

### Lesson 1 - Understanding and Supporting Families in Institutions

- What relatives experience when their parent enters a facility post-stroke
- Guilt about placement, mourning of the past, caregiver exhaustion
- How to explain the aftereffects without jargon and false promises
- Building an alliance with the family around the resident's care plan

### Lesson 2 - Ethical questions in daily life in institutions

- Respect for the person's wishes when they are cognitively impaired
- Dignity and privacy during care: essential rules
- Consent to care and activities: how far to go without coercion
- Reporting abuse: definitions, procedures, protection for the professional

### Lesson 3 - Maintaining quality of life despite the aftereffects

- Quality of life as the central objective, beyond functional recovery
- Preserve pleasures, social connections, and the identity of the person in the facility
- The individualized life project: integrating it into daily practice
- Small gestures, big impacts: what the professional can do every day

### Lesson 4 - Taking care of oneself to better support others

- The emotional burden specific to post-stroke support in institutions
- Recognizing the signs of professional burnout and compassion fatigue
- Strategies for psychological protection on a daily basis: appropriate distance, rituals, team
- Available resources: supervision, psychological support, practice analysis

## Teaching methods

- 100% online training, accessible 24/7 from any connected device
- Self-paced progression with immediate access to all modules
- Videos, infographics, practical case studies, and interactive quizzes
- Downloadable resources: summary sheets, observation grids, care protocols
- Certificate of completion issued at the end of the training
- Pedagogical support available throughout the training period