

# Stroke Medicine Portfolio Pathway Evidence Map

Use this to map parent-specialty evidence and stroke-specific evidence across the whole stroke pathway.

## 1. Route and curriculum map

Area	Evidence prompt
Parent specialty	Identify the parent specialty SSG/curriculum that anchors the application: Geriatrics, Neurology, GIM, AIM, Rehabilitation or other route.
Stroke curriculum	Map evidence to the 2022 Stroke Medicine curriculum and three Stroke Medicine CiPs.
CiP 1	Suspected stroke and TIA: recognition, mimics, imaging, clinic, prevention and rapid pathway decisions.
CiP 2	Acute stroke: hyperacute treatment, thrombolysis, thrombectomy referral, complications and stroke unit care.
CiP 3	Rehabilitation/recovery: MDT rehab, cognition, mood, capacity, community interface and longer-term planning.

## 2. Stroke pathway evidence

Pathway area	What to gather
Hyperacute	Observed stroke/TIA assessments, imaging decisions, NIHSS-style assessment, thrombolysis and thrombectomy cases.
TIA clinic	Risk stratification, carotid disease, AF, antithrombotics, vascular risk factors and patient advice.
Stroke unit	Ward rounds, complications, swallowing, nutrition, seizures, delirium, BP and escalation decisions.
Rehabilitation	Therapy MDT, function, cognition, mood, capacity, spasticity, discharge and community stroke team interface.
Governance	Audit/QI, pathway metrics, incident learning, teaching, guideline work and service development.

## 9. Job fit evidence

Post feature	Why it matters
Hyperacute rota	Creates thrombolysis, thrombectomy network, imaging and urgent decision evidence.
TIA clinic	Provides prevention, outpatient judgement and neurovascular risk evidence.
Rehab MDT	Shows recovery, function, therapy interface, capacity and discharge planning.
Parent specialty work	Keeps the main specialist registration route credible.
Structured reports	Stroke and parent-specialty consultants need to comment on current independent practice.

## 4. Next 30 days

- Confirm the parent specialty route and collect the relevant SSG/curriculum.
- Map current stroke cases to the three Stroke Medicine CiPs.
- Audit missing hyperacute, TIA, rehab, community, prevention and governance evidence.
- Book observed assessments around current acute stroke, TIA clinic and rehab MDT work.
- Brief stroke and parent-specialty referees on exactly what they need to evidence.