Simulation-based Learning Program

Clinical educator training

Developed as part of the *Embedding Simulation in Clinical Training in Speech Pathology* project 2014 – 2018

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Contents

Agenda

Day 1	
10:00am	**Start** **Introductions and morning tea** Discuss clinical backgrounds, clinical education experience, simulation experience, expectations of the Simulation Program. **Overview of research project** Overview of the project "Embedding simulation in clinical training in speech pathology" led by Dr Anne Hill, including rationale, funding, aims and student learning objectives. **Overview of simulation** Overview of learning processes underpinning simulation, the simulation learning cycle and benefits of simulation. **Feedback** Discussion around feedback approaches in simulation and various debriefing tools including: Plus Delta, SHARP, Advocacy Inquiry, Appreciative Inquiry, Stop Keep Start, Pendleton. **Reflection processes**
1:00pm	**Lunch**
1:45pm – 4.30pm (*includes afternoon tea at 3.30pm)*	**Overview of the 5 day Simulation Program:** Including: number of cases, types of simulation, CBOS mapping. **In-depth discussion of individual simulations**

Day 2	
9:30am	**Start** In-depth discussions of individual simulations (continued)
1:00pm	**Lunch**
1:45pm – 3:30pm	1. Bringing the Simulation Program together. 2. Reflections on the Simulation Program and on clinical educators practice. 3. Questions relating to the Simulation Program.

Background to simulation

Simulation is a means to replicate a clinical experience (Ker & Bradley, 2014). The fidelity of a simulation scenario is maintained when a participant engages in and thus responds affectively and cognitively to the simulated learning environment in a similar manner to that of a traditional clinical placement (Ker & Bradley, 2014). The inclusion of simulation in the training of students in medical, nursing and other allied health professions has been found to be viable. For example, simulation has been documented in the training of medical students for over forty years with positive results (Barrows, 1971). However, research related to its use in speech pathology clinical practice has been more limited (Hill et al., 2010, 2013a,b; MacBean et al., 2013; Ward et al., 2014, 2015). Embedding simulation in speech pathology has therefore been a priority for further investigation.

A number of health professions have acknowledged the importance of embedding simulation as an alternative and complementary training method for students and have reported that it is an effective means of reducing the demand for clinical placement days whilst still ensuring optimal clinical skill development of each student. Hayden et al. (2014) conducted a multi-site study in 10 nursing programs across the United States and found no statistically significant differences in knowledge, clinical competency, critical thinking and readiness for practice for students undertaking traditional placements versus students substituting 25% and 50% of clinical placement time with simulation.

Similarly, studies within physiotherapy have determined that a proportion of traditional clinical time could be replaced by simulation experiences without undermining students' development of knowledge and skills (Blackstock et al., 2013; Watson et al., 2012). For example, Watson et al. (2012) investigated student outcomes when 25% of clinical placement time was replaced by simulation in a musculoskeletal physiotherapy program. Outcomes of this study indicated that there were no differences in student outcomes and students' perceptions of their skills when simulation replaced a portion of traditional clinical time.

Published studies related to simulation-based learning in speech pathology have focussed primarily on issues related to perceptions, reflections and preferences (e.g. Hill et al., 2013a,b,c; Ward et al., 2015). For example, Hill et al. (2013a) reported that standardised patients were accurately able to replicate a clinical scenario for students to engage in clinical skill development. Additionally, research found that speech pathology students' perceptions of standardised patient clinics were positive (Hill et al., 2013b). Ward et al. (2014) successfully used high fidelity mannequin based simulation scenarios to train inexperienced speech pathology clinicians in more specialist areas. The results revealed that clinicians not only were able to acquire improved manual skills and core task performance skills but also developed increased confidence levels. There have been no studies within speech pathology to date which have focussed on students' development of clinical competency within a simulation-based environment. The outcomes of studies within nursing and physiotherapy served as an impetus to determine whether simulation-based learning experiences in speech pathology in combination with traditional clinical placements would offer the same learning and competency outcomes when compared with traditional clinical placement experiences.

The *"Embedding Simulation in Clinical Training in Speech Pathology"* project was initiated by Heath Workforce Australia in 2010, as part of a review of the use of simulation in many allied health professions. In the feasibility study in 2010, a collaborative of universities investigated current and planned practices in simulation within speech pathology training programs and concluded that use of simulation-based learning in clinical education had the potential to assist educators to meet placement demand, and that it may in fact result in superior learning outcomes for students in areas such as development of clinical reasoning skills and working with other professions (MacBean et al., 2013). The collaborative was committed to the development and integration of simulation-based learning into clinical education curricula and to building an evidence base that evaluated its use.

National speech pathology simulation project 2014-2018

In 2014, Health Workforce Australia provided funding to Speech Pathology Australia to undertake Phase 1 of the *"Embedding Simulation in Clinical Training in Speech Pathology"* project. A collaborative of six universities across Australia was awarded this funding to develop a plan to investigate whether simulation could replace a proportion of clinical placements without loss of clinical competency. The Phase 1 project plan was completed in October 2014 and the collaborative was awarded further funding in December 2014 to conduct a randomised controlled trial. Phase 2 of the project commenced in May 2015 and was completed in November 2018. Health Workforce Australia was disbanded in August 2014 and current funding was then provided by the Department of Health (Commonwealth).

The overall aim of the *"Embedding Simulation in Clinical Training in Speech Pathology"* project was to determine if students in accredited speech pathology programs achieved a comparable level of competency (i.e., performance in the same Zone of Competency on COMPASS®) in middle-level placements involving the management of adult patients, if they either:-
   a. completed a clinical placement where an average of 20% of the traditional clinical placement time is replaced with a simulation model, or
   b. completed a traditional clinical placement for 100% of the time.

Further information about the *"Embedding Simulation in Clinical Training in Speech Pathology"* project, including outcomes of the research study, can be obtained through contacting the project leader, Dr Anne Hill (ae.hill@uq.edu.au).

Terminology

Simulation unit: A group of 6-8 speech pathology students undertaking the Simulation-based Learning Program with the guidance of a clinical educator.

Simulated patient: A person without a history or physical signs who is trained to portray a role and/or mimic particular physical signs for the purposes of teaching or assessment (Ker and Bradley, 2010).

Simulation clinical educator: A qualified speech pathologist experienced in the clinical education of speech pathology students within the simulation environment.

Simulation coordinator: the person at the university who is responsible for the administration procedures behind setting up the Simulation Program. This person is responsible for welcoming and assisting simulated patients and for setting up all the simulation activities each day.

Student workbooks: A daily workbook has been developed for students. This workbook includes pre simulation and post simulation activities to be completed during prebrief and debrief periods. It also includes session plans (where applicable) and resources for the students to use to carry out the various simulation sessions.

Simulation lab: An environment where the learning occurs whereby the simulations attempt to suspend disbelief and facilitate transference to the real world (Ker & Bradley, 2010). NB: This may be an actual simulation facility or a teaching space that has been transformed to become a clinical space.

Workroom: A designated area where the students and clinical educator are able to engage in the prebriefing and debriefing processes.

Concurrent sessions: In the morning of Day 4, the students will engage in four different simulations one straight after the other i.e., the debriefing for all 4 simulations will be held until all simulations have been conducted. NB: If there is more than one student unit, the order of the simulations will be altered so that the sessions can take place concurrently.

Role play simulations: Students will have an opportunity to engage in a role play with each other as an alternative learning modality.

Overview of Simulation-based Learning Program

Learning objectives

The Simulation Program allows students the opportunity to demonstrate a range of skills in assessment and management in adult areas of practice across the continuum of care (related to COMPASS® Professional and Occupational competencies). Learning objectives for each simulation are specifically outlined for the students in the *Student Guide* received for each simulation exercise.

Process of learning

All activities within the Simulation-based Learning Program are designed to assist student learning. Each simulation consists of the following learning cycle:

1. **Pre simulation activities and prebriefing**: The student group will be briefed by the clinical educator and will have the opportunity to review documentation related to the upcoming simulation and to discuss this with the clinical educator and peers. Workbook activities will be completed in small groups to guide this discussion before the simulation commences.
2. **Simulation**: Students will enter a simulation and work in pairs or simulation units, with each student having an opportunity to play the role of the speech pathology clinician. A time in/time out approach may be used during the simulation to provide online feedback and to facilitate each student taking a turn in role.
3. **Post simulation activities and debriefing:** The student group will engage in a debrief with the clinical educator. Students will have the opportunity to provide feedback to peers and to complete the related post-simulation activities in their workbook. Simulated patients will provide feedback to students following some of the simulations.

Feedback in simulation

For discussion:
- How do you prefer to provide feedback?
- How do you like to receive feedback?
- What can you convey your preferences for giving and receiving feedback to others?

Characteristics of feedback

Feature	Some thoughts/ideas
Definition of feedback	"… information provided by an agent (e.g., teacher, peer, book, parent, self, experience) regarding aspects of one's performance or understanding …….. a "consequence" of performance" (Hattie & Timperley, 2007)
Important role of feedback	- Communicating to support the learning relationship - Enhancing and reinforcing learning - Acquiring new skill/knowledge - Providing encouragement - Affirming confidence and skills for self-esteem and motivation - Providing guidance toward learning outcome - Assisting the learner to fill the gap between what they are currently doing and what needs to be done
What do students	They often believe that the meaning as intended by the CE is open to

Feature	Some thoughts/ideas
think about feedback?	interpretation • They are not always aware when feedback is being given • Students believe that they never get enough feedback • Students recognise feedback as 'feedback' best if it comes in written form and provided individually
Helpful feedback	• Is clear • Is timely • Is provided frequently • Promotes dialogue about and focuses on performance that has been observed • Clarifies understanding • Remains fair, honest and objective • Is specific and adjusted to suit needs of learner in achieving the goal • Provides strategies to fill the gap • Is mindful of the impact of negative feedback on self-esteem and confidence
Unhelpful feedback	• Is non-specific and vague • Is pitched beyond the learner's capabilities • Is unrelated to goals • Is emotionally reactive • Is not a dialogue • Is ambiguous • Shows personal bias or judgement
Practical tips to follow for giving feedback	• Encourage self-reflection/evaluation first • Acknowledge own biases and preferences • Brand feedback as 'feedback' • Check with students that they have understood your meaning • Focus on 'feeding forward' – give students skills to focus on for improvement • Be authentic when communicating • Ensure that your discussion with the student is a dialogue

Approaches to feedback

- ### Feedback during patient interaction

Some feedback provided to students will occur during normal clinical interactions with their peers in role play or in interactions with simulated patients. This will mirror usual practice in clinical placements. This feedback is generally directed at the student directly involved in the interaction and is usually quick and does not interrupt the clinical interaction. It is feedback 'on the go'.

- ### Pause-discuss feedback method

This feedback occurs with interruption to the student-patient interaction process and is usually conducted where there is more than one student involved in the simulation. The simulated patient stays in role and the students and clinical educator have the opportunity to briefly discuss what they observed. This pause-discuss model is useful to guide students through assessment and management processes, discuss clinical reasoning around patient presentation and to support students in their development of skills through immediate feedback (Ward et al., 2015).

The pause-discuss model can work in two ways:

1. The student seeks the clinical educator's assistance within the simulation to discuss their action, ask a brief question or obtain guidance about their decisions. The simulation continues while this brief discussion with the student occurs i.e., the clinical educator involves the simulated patient in their discussion with the student.
2. The 'time in, time out' technique (e.g., Edwards & Rose, 2008). The clinical educator determines that a break in the simulation is required in order to more extensively discuss the progress of the interaction and to engage the observing students in this discussion. The simulation is paused and a 'time out' is called. A pause occurs and discussion follows with the educator and all students. During this discussion, the group may focus on what they observed, their clinical reasoning about the patient's presentation, and the next steps in the process. They may also discuss the student's performance and make constructive comments on changes which may be made. This method is also effective in highlighting positive performance from students and using this as a model for further performance. 'Time in' is then called and the student repeats the interaction OR the next student takes a turn in the assessment or intervention process. The cycle of pause and discuss continues.

Debriefing: types of debriefing models

Debriefing model	Key features
Plus/Delta (Helminski & Koberna, 1995)	Plus defines what is going well, what helps, what makes it successful, things you want to maintain and build on, things that are working **Delta** defines what needs changing to improve processes, improve learning
SHARP (Ahmed et al., 2013) Five step feedback and debriefing tool	Before learning: • Set learning objectives After learning: • How did it go? What went well and why? • Address concerns. What didn't go so well and why? • Review learning points. • Plan ahead. What can you do to inform and improve your future practice.
Advocacy Inquiry (Rudolph et al., 2006) 'Debriefing with good judgement'	Based on advocacy which includes objective observation and inquiry which is a curious question about what happened. 1. Observe an event or result 2. Comment on the observation 3. Advocate for your position 4. Explore the drivers behind learners' thinking (their 'frames') and actions that they think lead to the observed event or result 5. Discover ways to attend to issues that arose

Debriefing model	Key features
	and ways to replicate positive results **Phase 1: Reactions** • Emotions (*How did that feel?*) • Reviewing the medical facts (*Can someone summarise what the case was about so we are all on the same page?*) **Phase 2: Analyse and Apply** • Identify frames • Form Advocacy-Inquiry question: *I observed …* *I was concerned about … because …* *Tell me why … happened? Help me understand why … happened?* • Ask the group for input (*Has this happened to anyone else?*) • Brainstorm solutions (*How have you dealt with this in the past? Can anyone think of any solutions or strategies?*) **Phase 3 : Summary** • Summary and wrap up (*in summary, today we learned about …*)
Appreciative Inquiry (Annis Hammond, 1998; Cooperrider & Whitney, 1999)	The assumption of appreciative inquiry is that in every situation/organisation, something works. Looks for what works in a situation or learning environment. The focus is on doing more of what works, as opposed to a problem-solving model where this focus is doing less of what doesn't work. Works well in individual reflection but more so in pairs or as a group.
Stop, Keep, Start (Bovill, 2011; Hoon, 2014)	Focusses attention on behaviours to 1. **Stop** doing as they are not conducive to learning and positive learning outcomes. 2. **Keep** doing as they are working at present and will continue to contribute to positive learning outcomes. 3. **Start** doing (when not already doing) as you are aware that they may be conducive to learning and positive outcomes.
Pendleton et al. (1984)	Focusses on: • The learner self-evaluating before the clinical

Debriefing model	Key features
	educator provides feedback.
	• Positive aspects before those aspects which require development.
	• Recommendations for improvement rather than on criticisms of performance.
	Ensure to ask the learner how they felt, what went well and why.
	• Clinical educator then states what went well and why.
	• Ask learner what could be done better and how.
	• Clinical educator suggests what could be done better, adding in observations and how improvements may be achieved.
	• Summarise the strengths and up to three things to concentrate on.
	• Learner and clinical educator formulate an action plan for improvement.

Reflection processes

Issue for consideration	Some thoughts
Definition of reflection	'… the purposeful contemplation of thoughts, feelings and happenings that pertain to recent experiences' (Kennison & Misselwitz, 2002, p. 238).
When to reflect?	Some prefer immediate reflection, some prefer some time and space distance to reflect
Format of reflection	Some prefer verbal, some prefer written Some do not wish to reflect in a group, preferring their privacy. Others value reflecting in a group
Types of reflection	Reflection *in action* (whilst in the moment, making a change which reflects current situation) Reflection *on action* (after the moment/situation, thinking back) Reflection *for action* (planning for the next situation)
Simple questions to prompt individual or group reflection	What happened? What did I/we do well? What should I/we think about changing for next time? What was a surprise and why?
More complex questions to prompt individual or group reflection	What do I/we feel about that situation? What might those feelings mean? How did that situation differ from others I/we have been involved in? Did this make it easier or more difficult for me/us? How can I/we assimilate new information I/we learnt with what I/we knew before? What is the value of this new knowledge? How does it add value to my/our future practice? How can I/we build on what I/we learnt this time?

Simulation-based Learning Program – 5 day overview

Day 1		
10:00 – 11:30am	**General introduction to simulation** Introduction to simulation. Discussion regarding assessment and procedures for the Simulation Program including expectations, feedback and student learning. **Clinical orientation** Introduction to "National Simulation Health Service" and policies / procedures to follow during placement. Orientation to the week.	
11:30 – 12:15pm	LUNCH	
12:15 – 1:45pm	**Simulation 1:** Mr Tom Jones Clinical educator-led	- Prebrief: 60 minutes - Simulation: 15 minutes - Debrief: 15 minutes
1:45 – 4:00pm	**Simulation 2:** Mr Tom Jones Student-led + *Simulated patient feedback*	- Prebrief: 30 minutes - Simulation: 60 minutes - Debrief: 25 minutes - Simulated patient feedback: 20 minutes
4:00 – 4:30pm	Preparation for Day 2	

Day 2		
8:30 – 8:45am	General preparation time	
8:45 - 10:15am	**Simulation 3:** Mr Tom Jones Student role-play	- Prebrief: 15 minutes - Simulation: 45 minutes - Debrief: 30 minutes
10:15 – 10:30am	MORNING TEA	
10:30am – 12:00pm	**Simulation 4:** Mr Michael Goodman Student role-play	- Prebrief: 90 minutes
12:00 – 12:45pm	LUNCH	
12:45 – 3:00pm	**Simulation 4 (cont):** Mr Michael Goodman Student role-play	- Prebrief (cont): 30mins - Simulation: 30 minutes - Debrief: 75 minutes
3:00 – 3:15pm	AFTERNOON TEA	
3:15 – 4:30pm	Preparation for Day 3	

Day 3		
8:30am – 9:00am	General preparation time	
9:00am – 11:45am	**Simulation 5:** Mrs Margaret (Margie) Henderson Pause-discuss: swallowing	- Prebrief: 40 minutes - Simulation: 80 minutes - Debrief: 45 minutes
11:45 – 12:30pm	LUNCH	
12:30 – 3:00pm	**Simulation 6:** Mrs Margaret (Margie) Henderson Pause-discuss: Speech and language	- Prebrief: 30 minutes - Simulation: 90 minutes - Debrief: 30 minutes
3:00 – 3:15pm	AFTERNOON TEA	

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3:15 – 3:45pm	Progress note writing
3:45pm – 4:30pm	Preparation for Day 4

Day 4		
8:30 – 8:45am	Stop-Keep-Start debrief	
8:45 – 9:15am	General preparation time	
9:15 – 11:30am	**Simulation 7:** Mrs Beth Connor	*Concurrent Sessions*
	Simulation 8: Mr James (Jim) Parker	*30minutes per simulation:* 1-2 mins for handover to clinical educator prior to each session; 15 mins to conduct the assessment/review and 10mins to discuss the case with the clinical educator and their peers
	Simulation 9: Mr Selwyn Walker	
	Simulation 10: Ms Emily Gleeson	
11:30 – 12:00pm	Debrief simulations 7,8,9 and 10	
12:00 – 12:45pm	LUNCH	
12:45 3:15pm	**Simulation 11:** Mrs Margaret (Margie) Henderson + *simulated patient feedback*	- Prebrief: 45 minutes - Simulation: 75 minutes - Debrief: 15 minutes - Simulated patient feedback: 15minutes
3:15 – 3:30pm	AFTERNOON TEA	
3:30 – 4:30pm	**Prebrief Simulation 12:** Mr James (Jim) Parker and Betty Parker (wife) Review VFSS	- Prebrief: 60 minutes
4:30 – 5:00pm	Preparation for Day 5	

Day 5		
8:30 – 8:45am	Stop-Keep-Start debrief	
8:45 – 9:00am	General preparation time	
9:00am – 10:15am	**Simulation 12:** Mr James (Jim) Parker and Betty Parker (wife)	- Simulation: 75 minutes
10:15am – 11:30am	**Simulation 13:** Case handover to clinical educator	- Simulation: 75 minutes
11:30am – 12:30pm	Debrief simulations 12 and 13 + simulated patient feedback	
12:30pm – 1:30pm	End of Simulation Program activities	
1:30pm	End of Simulation Program	

Day 1

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
10:00-11:30am	**General introduction to simulation and clinical orientation** • Orientation to simulation and brief overview of national speech pathology simulation research project. • Discussion re: relationship of Simulation Program to traditional clinical weeks; assessment. • Discussion of procedures throughout Simulation Program: i.e., expectations for students during placement, procedures for non-attendance, giving respectful feedback, student learning opportunities. • Overview of student resources (workbooks, iPad, if using, and other learning resources) • Orientation to the National Simulation Health Service (NSHS) • Overview of caseload: students introduced to nature of clinical populations managed by speech pathology team at NSHS. • OH&S Procedures (practical) - hand washing, safety (as per local university policies and procedures) • Administrative procedures - sign-in procedures, statistics, documentation (progress note examples, templates) • Orientation to week of learning: o Day 1: inpatient rehabilitation	To inform students of the structure of the simulation week placement and placement expectations. For students to become orientated to simulated environment and policies and procedures.	Clinical Educator presenting to all simulation units (**all students**) in one room. Workrooms will require desk/chairs only.	• Day 1 student workbook + introduction to simulation workbook. • OH&S information.	• Information re: working in pairs, professional courtesy, respectful feedback. • Statistics forms • Note pages • Documentation examples

Day 1

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	o Day 2: outpatient rehabilitation o Day 3-4: inpatient acute, inpatient rehabilitation o Day 5: discharge planning and case handover.				
11:30am	LUNCH (45 minutes)				
12:15 - 1:15pm	**Prebrief simulation 1: Mr Tom Jones** Case: Mr Tom Jones. 65 yo male. Inpatient on NSHS rehabilitation ward. 3/52 post left hemisphere stroke. Requiring speech pathology intervention for anomic type aphasia. Simulation: Clinical educators will be the treating clinician in the rehabilitation session with Tom. Student tasks: 1. Become oriented to case file 2. Identify key information from case file (and included assessment results) before observing session in simulation.	After participation in structured observation of a clinical educator-led rehabilitation session (simulation 1), students will be able to: 1. Interpret medical chart information and identity relevant data for a patient. 2. Identify professional competencies demonstrated by the clinical educator that led to an effective rehabilitation session. 3. Identify the	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs only.	• Tom rehabilitation case file (including WAB-R© assessment results). • Copy of session plan and therapy resources.	• Prompt questions for gathering case data and preparing for session. • Structured observation form to use during Simulation 1
1:15 - 1:30pm	**Simulation 1: Mr Tom Jones** ***(observation of clinical educator with simulated patient)*** Simulation: Clinical educators will act as the		Clinical educator to act as treating clinician with Tom in a simulated outpatient clinic	• Scenario resources – refer to ***Simulation Set up Guide*** for	• Structured observation worksheets (in student workbooks).

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	treating clinician in the initial rehabilitation session with Tom. Focus will be to outline results of formal language assessment to Tom, collaboratively develop short and long term goals for therapy and to provide Tom with education regarding aphasia. Student tasks: 1. Observe clinical educator as treating clinician. Focus on communication interaction skills. 2. Complete structured observation form while observing clinical educator in session with Tom.	strategies used to effectively communicate the results of a formal language assessment to a patient who has recently acquired a communication disorder. 4. Explain the concept of patient-centred practice and collaborative goal-setting and their contribution to patient outcomes. Student workbooks contain tasks and resources to complete/use during prebrief, simulation and debrief sessions to assist student learning.	room. Therapy room could be in existing clinic spaces, in simulation lab or in lecture rooms depending on availability. Requires 1 x desk and two chairs for Tom and Clinical Educator. Students will be on side of room observing session.	details.	
1:30 - 1:45pm	**Debrief Simulation 1: Mr Tom Jones** Debriefing tool: Appreciative Inquiry Student tasks: 1. Participate in discussion with clinical educator and simulation unit re: observations, communication strategies		Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit.	• Tom rehabilitation case file (including WAB-R© assessment results).	• Completed structured observation forms (in student workbooks). • Reflection pages.

Day 1

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	identified. 2. Ask questions as necessary.		Workrooms will require desk/chairs only.		
1:45 - 2:15pm	**Prebrief Simulation 2: Mr Tom Jones** Simulation: Students will be the treating student clinicians in the rehabilitation session with Tom. Each student pair will have the opportunity to conduct the session observed in simulation 1. Student tasks: 1. Prepare for session (including discussion with pair regarding allocation of responsibilities during session; and practice/role-play of session within pair). 2. Complete pre simulation questions in student workbook. 3. Ask questions of clinical educator who will be roaming between pairs observing.	After participation in this clinical simulation (simulation 2), students will be able to: 1. Effectively communicate the results of a formal language assessment to a patient who has recently acquired a communication disorder. 2. Set goals collaboratively with a patient. 3. Provide education regarding aphasia. 4. Effectively implement relevant impairment-based language therapy tasks with a patient who has recently acquired a	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs only.	• Tom rehabilitation case file (including assessment results).	• Prebrief questions for simulation 2. • Copy of session plan (in student workbooks).
2:15 - 3:15pm	**Simulation 2: Mr Tom Jones** ***(Immersion session with simulated patient)*** *Time in/outs allowable as per clinical educator.* Simulation: Students will be the treating clinicians		Students to work in pairs as treating student clinicians with Tom (simulated patient)	• Scenario resources – refer to ***Simulation Set up Guide*** for	• Session plan. • Notes pages for recording information during session.

Day 1

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	in the initial rehabilitation session with Tom. Each student pair will have opportunity to conduct session observed in simulation 1. Student tasks: 1. Conduct initial rehabilitation session in pairs with simulated patient as per session plan provided. 2. Focus on effective communication during session. Session elements to include: • Introduce self and speech pathology role to patient. • Develop rapport with patient. • Explain assessment results. • Develop goals for therapy. • Provide education regarding aphasia. • Answer patient questions. 3. Complete structured observation form while observing other student pairs in session with Tom.	communication disorder. Student workbooks contain tasks and resources to complete/use during prebrief, simulation and debrief sessions to assist student learning. During the session the clinical educator will observe student clinicians conducting the session with Tom (i.e., not participate). Clinical educators will provide feedback to students during debrief session following the simulation.	in a simulated outpatient clinic room. Therapy room could be in existing clinic spaces, in simulation lab or in lecture rooms depending on availability. Requires 1 x desk and 3 x chairs for Tom and student clinicians. Other students and clinical educator will be on side of room observing session.	details.	• Structured observation form to use while observing other student pairs conduct session with Tom.

Day 1

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
3:15 - 3:40pm	**Debrief Simulation 2: Mr Tom Jones** Debriefing tool: Appreciative Inquiry Student tasks: 1. Receive feedback from clinical educator, simulated patient, Tom and peers. 2. Provide peer feedback as requested. 3. Participate in simulation unit discussion regarding Simulation 2 experience. 4. Review example progress note in workbook post session.	*However*, should clinical educators deem it necessary, they may utilise time in/time out procedures to provide support and feedback to students during the session.	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs only.	• Tom rehabilitation case file (including WAB-R © assessment results). • Feedback forms for clinical educators if required.	• Reflection notes pages.
3:40 - 4:00pm	**Simulated patient feedback** Tom (simulated patient) will provide general feedback to all student pairs.		Clinical educator, students and simulated patient. Workrooms will require desk/chairs only.	• Simulated patient feedback form.	• Students to write notes from simulated patient feedback in workbooks.

Day 1

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
4:00 - 4:30pm	**Preparation for Day 2:** • Review progress notes in workbook for Tom. • Discuss plan for Day 2 (inpatient and outpatient rehabilitation. • Encourage students to review formal speech assessment. **Statistics:** Students to document direct / indirect patient contact time in student workbook. **Homework (if applicable):** Students to review session plan to be conducted in student role-play simulation.	For students to prepare for Day 2 of the Simulation Program, practice documenting statistics and become aware of homework tasks (if applicable). If time allows, students may begin to work on their homework task; review rehabilitation session plan to be conducted in student role-play simulation. Clinical educator available to answer questions / address concerns.	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs only.	• IPad (if using) • Day 2 workbook	• Progress notes to review (in student workbooks). • Materials for conducting treatment session with Tom (in student workbooks). • Session plan.

Day 2

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
8:30 – 8:45am	General preparation time	Discussion regarding learning for the day: opportunity to implement aphasia therapy and formal motor speech assessment.	Clinical educator and students will work in allocated workroom.	• Day 2 workbooks	
8:45 – 9:00am	During this time students may: • Prepare for simulation 3 (Mr Tom Jones) role-play therapy session. • Ask any questions of clinical educator.	Students will prepare for sessions and utilise clinical educator support as required.	Clinical educator will work with their simulation unit in their own workroom. Workrooms will require desk/chairs only.	• iPad (if using). • Day 2 workbooks.	• Therapy resources (in student workbooks). • Session plan (in student workbooks).
9:00 - 9:45am	**Simulation 3: Mr Tom Jones (Role-play)** Case: Mr Tom Jones. 65 yo male. Inpatient on NSHS rehabilitation ward. 3/52 post left hemisphere stroke. Requiring speech pathology intervention for anomic type aphasia. Simulation: Students will role-play a rehabilitation session with Tom. Each student will have opportunity to play	After participation in this clinical simulation (simulation 3), students will be able to: 1. Clearly explain therapy task requirements to a patient with aphasia. 2. Appropriately adapt session requirements within-session to reflect patient needs.	Students to work in pairs to complete role-play scenario of therapy session within a simulated outpatient clinic environment. The simulation room should be set up with 4 x	• Scenario resources – refer to **Simulation Set up Guide** for details. • Therapy resources as per students workbooks. • Tom rehabilitation case file.	• Session plans. • Notes pages. • Feedback forms for providing feedback to peers.

Day 2					
Time	**Activity**	**Aims / Intended Learning Outcomes (ILOs) / Notes**	**Team Members + Location**	**Resources / Consumables**	**Workbook content**
	both 'Tom' and the 'student clinician'. As the clinician, the student will conduct the therapy session that they have reviewed as their homework task. This session will involve 2 x therapy tasks targeting expressive language and word finding difficulties. Students are expected to continue the session from simulations 1 and 2. Each student's session plan will be the same. Student tasks: 1. Conduct rehabilitation session as treating clinician with pair acting as 'Tom' in role-play scenario. 2. Participate as 'Tom' in role-play scenario.	3. Describe an appropriate follow-up plan post session and effectively communicate this to a patient. Students will also demonstrate adherence to OH&S policies and procedures within simulated hospital environment. Student workbooks contain tasks and resources to complete/use during prebrief, simulation and debrief sessions to assist student learning.	bays. Each bay will require 1 x desk and 2x chairs for 'Tom' and 'student clinician'. All student pairs should have access to one bay to conduct their role-play. Clinical educator to be roaming between bays observing students and offering support as required.		
9:45 - 10:15am	**Debrief Simulation 3: Mr Tom Jones** Debriefing tools: Appreciative Inquiry or Advocacy Inquiry. Student tasks: 1. Complete post simulation activities (including progress		Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit.	• Tom rehabilitation case file. • iPad (if using).	• Notes pages. • Progress notes. • Debrief / self-reflection activity. • Feedback forms for providing feedback to peers.

Day 2					
Time	**Activity**	**Aims / Intended Learning Outcomes (ILOs) / Notes**	**Team Members + Location**	**Resources / Consumables**	**Workbook content**
	notes) in student workbook. 2. Participate in simulation unit discussion with clinical educator regarding outcomes of session.		Workrooms will require desk/chairs only.		
10:15am	Morning tea (15 minutes)				
10:30-12:00pm	**Prebrief Simulation 4: Mr Michael Goodman** Case: Mr Michael Goodman. 26yo male. Presenting 5 months post TBI from MVA. Has recently been discharged from inpatient rehabilitation and is seeing speech pathologist as an outpatient. Simulation: Students will be required to review assessment data and a progress report and develop a therapy session plan and appropriate therapy resources. They will then role play this therapy session taking turns in playing the 'student clinician' and 'Michael'. They will then complete a progress note for the session. Student tasks:	Specific ILOs recorded below. Students will also demonstrate adherence to OH&S policies and procedures within simulated hospital environment. Student workbooks contain tasks and resources to complete/use during prebrief, simulation and debrief sessions to assist student learning.	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs as well as reliable audio-visual equipment.	• Michael's patient file (including Speech Pathology Progress and Assessment report and completed FDA-2© rating form). • IPad (if using) • Frenchay Dysarthria Assessment – 2nd Edition (FDA-2)© examiners manual.	• Prompt questions to assist gathering of information from patient file. • Notes pages. **Need to source:** • Frenchay Dysarthria Assessment – 2nd Edition (FDA-2)© examiners manual.

Day 2					
Time	**Activity**	**Aims / Intended Learning Outcomes (ILOs) / Notes**	**Team Members + Location**	**Resources / Consumables**	**Workbook content**
	1. Obtain case history information from patient medical file. 2. Participate in simulation unit discussion with clinical educator regarding case history, management since admission, results of previous assessments and Michael progress report.				
12:00pm	Lunch (45 minutes)				
12:45 - 1:15pm	**Prebrief Simulation 4: Mr Michael Goodman (continued) (role-play)** Student tasks: 1. Develop a therapy session plan for Michael with appropriate therapy resources.	After participation in this clinical simulation, students will be able to: 1. Analyse and interpret case history information and assessment data with support from the clinical educator. 2. Develop an appropriate therapy session plan for a patient taking into consideration the stated goals.	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs as well as reliable audio-visual equipment.	• Michael's patient file (including Speech Pathology Progress and Assessment report and completed FDA-2© rating form). • iPad (if using).	• Notes pages.
1:15 – 1:45pm	**Simulation 4: Mr Michael Goodman (role play)**	3. Conduct a motor speech treatment	Students to work in pairs to	• Michael's patient file.	• Session plans template

Day 2

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	Simulation: In pairs, students will be required to role play the therapy session that they have planned for. The students will alternate playing the 'student clinician' and 'Michael'. Student tasks: 1. Complete role play with student pair with demonstration of: • appropriate communication skills, • the ability to develop rapport with a patient, • the ability to discuss assessment results and intended treatment plan with a patient, and, • the ability to clearly explain task requirements and modify therapy tasks appropriately.	session clearly explaining therapy task requirements to the patient, appropriately adapting session requirements to reflect the patient's needs. 4. Write a complete progress note for a therapy session.	complete role-play scenario of therapy session within a simulated outpatient clinic environment. The simulation room should be set up with 4 x bays. Each bay will require 1 x desk and 2x chairs for 'Tom' and 'student clinician'. All student pairs should have access to one bay to conduct their role-play. Clinical educator to be roaming between bays observing students and offering support as required.	• Session plan. • Therapy resources. • iPad (if using)	(completed by students) • Note pages and pen.

Day 2

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
1:45 - 3:00pm	**Debrief Simulation 4: Mr Michael Goodman** Debriefing tools: Plus Delta or Pendleton Student tasks: 1. Complete post simulation questions and reflections from student workbook. 2. Individually, complete a progress note for the therapy session.		Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs as well as reliable audio-visual equipment.	• Michael's patient file. • iPad (if using).	• Notes pages. • Example of completed progress note. • Blank progress notes. • Post simulation/reflection activities.
3:00pm	Afternoon tea (15 minutes)				
3:15 - 4:30pm	**Preparation for Day 3:** • Discuss plan for Day 3 (inpatient acute wards). • Highlight relevant screening tools in student workbook and video links for examples. • Encourage students to practice administering bedside screening assessments of speech, language and swallowing.	For students to prepare for Day 3 of simulation program, practice documenting statistics and become aware of homework tasks (if applicable). If time allows, students may begin to work on	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit.	• iPad (if using). • Day 3 workbooks.	• Assessment forms (bedside screeners of speech, language and swallowing) (in student workbooks). • Example templates of session plans .

Day 2

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	Statistics: Students to document direct / indirect patient contact time in student workbook. **Homework (if applicable):** Students to practice administering OME, CSE, speech and language screening assessments.	their homework task; practicing administering screening assessments for speech, language and swallowing. Clinical educator available to answer questions / address concerns.	Workrooms will require desk/chairs only.		

Day 3					
Time	**Activity**	**Aims / Intended Learning Outcomes (ILOs) / Notes**	**Team Members + Location**	**Resources / Consumables**	**Workbook content**
8:30 - 9:00am	**General preparation time** • Students have opportunity to prepare for the day. *NB: For those universities utilising an external simulation lab for the day an orientation to simulation lab may be required. This time may be used for orientation to simulation lab procedures if required.*	Students to prepare for the day and ask questions of clinical educators as required. If required, students may need to become oriented to the acute ward of the simulation lab.	If applicable, the simulation coordinator (employed by the university) may be present and involved in student orientation. Simulation lab will require 4 x hospital bay set up (minimum) and a break out / work room for each simulation unit.	• Day 3 workbooks. • iPad (if using) • Orientation materials as per simulation lab procedures.	
9:00 - 9:40am	**Prebrief Simulation 5: Mrs Margaret (Margie) Henderson** Case: Margie Henderson. 66 yo female. Inpatient on NSHS Acute Stroke Ward presenting 3/7 post left hemisphere stroke. Requiring speech pathology assessment and management of swallowing and communication. Simulation: Speech pathology	After participation in this clinical simulation (simulation 5), students will be able to: 1. Effectively conduct an appropriate clinical screening assessment of oromotor function, swallow function and safety for oral intake. 2. Effectively communicate and	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require	• Margie case file. • iPad (if using).	• Prompt questions to facilitate gathering ofMat appropriate data from case file. • NSHS clinical swallowing examination (CSE) assessment form. • Notes pages.

Day 3

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	student clinicians to conduct parts of initial clinical swallow examination (CSE) in pairs. Clinical educator will provide support throughout session using pause-discuss simulation model. Student tasks: 1. Prepare for session (including discussion with pair regarding allocation of responsibilities during session; and practice/role-play of session within pair). 2. Complete pre simulation activities in student workbook.	provide information to nursing staff regarding a patient's current swallowing status and safety requirements for oral intake. Students will also demonstrate adherence to OH&S requirements within simulated hospital environment.	desk/chairs only.		
9.40 - 11.00am	**Simulation 5: Mrs Margaret (Margie) Henderson** ***(Pause-discuss with simulated patient)*** Simulation: Speech pathology student clinicians will attend the bedside with Margie to conduct parts of initial clinical swallow examination (CSE) in pairs and then handover to nurse and family following assessment. Clinical educator will provide support throughout session	Student workbooks contain tasks and resources to complete/use during prebrief, simulation and debrief sessions to assist student learning. NB: Students will only be assessing swallowing during simulation 5. Speech and language will be assessed in simulation	Each simulation unit will attend a hospital bedside. This may or may not be in a bay of other beds (depending on resources). Students to work in pairs as treating student clinicians	• Scenario resources – refer to ***Simulation Set up Guide*** for details. • Margie case file. • iPad (if using).	• NSHS clinical swallowing examination (CSE) assessment form. • Notes pages.

Day 3

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	using pause-discuss simulation model. Student tasks: 1. Conduct part of initial clinical swallow examination (CSE) session in pairs with simulated patient. 2. Provide handover to duty nurse regarding diet/fluid recommendations post assessment.	6. At the beginning of simulation 5, a simulated nurse will come and see the students clinicians and advise them that the medical team will be conducting ward rounds and will need to see Margie at 11am.	with Margie (simulated patient). Other students will be observing the session. The clinical educator will position themselves to provide support through the pause-discuss model.		
11:00-11:45am	**Debrief Simulation 5: Mrs Margaret (Margie) Henderson** Debriefing tools: Appreciative Inquiry or Advocacy Inquiry Student tasks: 1. Complete post simulation activities in student workbook.		Clinical educator will work with their students in their own workroom. 1 clinical educator per simulation unit.	• Margie case file. • iPad (if using).	• Debrief activities. • Completed NSHS clinical swallowing examination (CSE) assessment form. • Notes pages.

Day 3

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	2. Participate in debrief discussion with clinical educator.		Workrooms will require desk/chairs only.		
11:45am	Lunch (45 minutes)				
12:30 - 1:00pm	**Prebrief Simulation 6: Mrs Margaret (Margie) Henderson** Simulation: Speech pathology student clinicians to conduct parts of initial bedside assessment of speech and language in pairs. Clinical educator will provide support throughout session using pause-discuss simulation model. Student tasks: 1. Prepare for session (including discussion with pair regarding allocation of responsibilities during session; and practice/role-play of session within pair). 2. Complete pre simulation activities in student workbook.	After participation in this clinical simulation (simulation 6), students will be able to: 1. Effectively administer an appropriate clinical screening assessment of speech and language. 2. Effectively communicate and provide information to nursing staff regarding a patient's current speech and language status and appropriate communication strategies. Students will also	Clinical educator will work with their students in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs only.	• Margie case file. • iPad (if using).	• Prompt questions to answer prior to session. • NSHS screening/informal assessment forms (in student workbooks). • Notes pages.

Day 3

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
1:00 - 2:30pm	**Simulation 6: Mrs Margaret (Margie) Henderson** *(Pause-Discuss with simulated patient)* Simulation: Speech pathology student clinicians to conduct part of initial bedside assessment of speech and language in pairs. Clinical educator will provide support throughout session using pause-discuss simulation model. Student tasks: 1. Conduct parts of initial bedside assessments of speech and language in pairs with simulated patient. 2. Provide handover to duty nurse regarding communication recommendations post assessment.	demonstrate adherence to OH&S requirements within simulated hospital environment. Student workbooks contain tasks and resources to complete/use during prebrief, simulation and debrief sessions to assist student learning.	Each simulation unit will attend a hospital bedside. This may or may not be in a bay of other beds (depending on resources). Students to work in pairs as treating clinicians with Margie (simulated patient). Other students will be observing the session. The clinical educator will position themselves to provide support through the pause-discuss model.	• Scenario resources – refer to ***Simulation Set up Guide*** for details. • Margie case file. • iPad (if using).	• NSHS screening/informal assessment forms (in student workbooks). • Notes pages.
2:30 - 3:00pm	**Debrief Simulation 6: Mrs Margaret (Margie) Henderson**		Clinical educator will work with	• Margie case file. • iPad (if using).	• Debrief activities – instructions for

Day 3

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	Debriefing tools: Appreciative Inquiry or Advocacy Inquiry Student tasks: 1. Participate in debrief discussion with clinical educator and simulation unit. 2. Complete debrief/reflection questions in student workbook.		their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs only.		writing progress notes and blank progress note pages; reflection questions. • Completed NSHS clinical swallowing examination (CSE) assessment form. • Notes pages.
3:00pm	Afternoon tea (15 minutes)				
3:15 - 3:45pm	**Progress note writing (Mrs Margaret (Margie) Henderson:** Student task: Write an initial chart entry (progress note) in their Day 3 student workbooks. The entry should document the results of their bedside swallow (simulation 5) and speech and language (simulation 6) assessments conducted with Margie.	The students will write an initial chart entry (progress note) to document results of swallow, speech and language assessments. Clinical educators will provide support and feedback during writing process and will be available to answer questions.	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs only.	• Margie case file. • iPad (if using).	• Example progress note. • Blank progress note pages. • Completed assessment forms from Simulations 5 and 6. • Notes from sessions (simulations 5 and 6)

Day 3

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
3:45 - 4:30pm	**Preparation for Day 4:** • Clinical educator to introduce 4 x patient cases for Day 4 AM rotations and allocate to student pairs. • Students given time to extract information from case files, ask questions and plan sessions. • If students are in simulation lab, provide the opportunity for them to role-play, rehearse screening assessments using simulation lab materials. • Screening tools and other relevant resources are available in student workbooks. **Statistics:** Students to document direct / indirect patient contact time from Day 3 in student workbook. **Homework (if applicable):** • Students to continue preparations for bedside assessments, Day 4 AM rotations.	For students to prepare for Day 4 of the Simulation Program, practice documenting statistics. If time allows, students may begin to work on their homework task/s (if applicable). Clinical educator available to answer questions and address any student concerns.	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs only.	• iPad (if using). • Day 4 workbooks.	• Prompt questions to assist gathering of information from patient files for each case. • Assessment forms (screeners/informal assessments of speech, language and swallowing).

Day 4

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
8:30 - 8:45am	**Stop-Keep-Start debrief** Clinical educators will meet with students to discuss their experiences of the Simulation Program so far using the Stop-Keep-Start debrief model.	Students will reflect on experiences of the Simulation Program so far and prepare for remainder of the program.	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs only.	• Debrief document including instructions (for clinical educators).	• Notes pages.
8:45 - 9:15am	**General preparation time** • Students to continue preparations for 4 simulation sessions this morning (simulations 7, 8, 9 and 10). • Clinical educator available to answer any questions and support development of session outlines.	Students will prepare for sessions and utilise clinical educator support as required.	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs only.	• iPad (if using). • Day 4 workbooks.	• Prompt questions to assist gathering of information from patient files for each case. • Assessment forms (screeners/informal assessments of speech, language and swallowing).
9:15 - 11:30am *If 1 unit, sessions will run consecutively.*	**Simulation sessions (7, 8, 9 and 10)** ***(Immersion simulations with simulated patients)***	Student workbooks contain tasks and resources to complete/use during	Simulation lab space to be set up as a 4 x bay hospital ward.	• Scenario resources – refer to ***Simulation Set***	• Prompt questions to assist gathering of information from patient files for each

Day 4

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
If 2 or 3 units – sessions will run concurrently (to be directed by the simulation coordinator at the university).	*Time in/outs allowable as per clinical educators.* **Simulation 7: Ms Beth Connor** Case/scenario: Ms Beth Connor. 32yo female. Pre-operative inpatient on acute neurosurgery ward awaiting surgical removal of brain tumour. Requires baseline assessment of communication skills (motor speech and high level language skills). Student tasks: The student pair responsible for this patient will: 1. Introduce themselves and explain role of speech pathology in her management pre and post operatively. 2. Conduct informal motor speech assessment and engage patient in conversation to gauge high level language capabilities. 3. Provide results of assessment to patient. 4. Discuss follow-up/ongoing speech pathology role in patient care.	prebrief, simulation and debrief sessions to assist student learning. After participation in simulation 7, students will be able to: 1. Effectively conduct a pre-operative screening assessment of communication skills. 2. Effectively communicate information to a patient regarding the likely post-operative course in relation to the patient's communication skills. After participation in simulation 8, students will be able to: 1. Effectively conduct a clinical swallow examination. 2. Appropriately discuss	Each simulation will be set up in one of the bays with all four bays occupied by a simulated patient (or an empty bed in the case of the Selwyn Walker simulation). All simulation units can use the same simulated hospital ward if concurrent sessions are running. For each simulation: 1 x student pair from each simulation unit will act as treating student clinicians with simulated patient and conduct the session.	*up Guide* for details. • Case files for Beth, Jim, Selwyn and Emily. • iPad (if using).	case. • Assessment forms (screeners/informal assessments of speech, language and swallowing). • Notes pages.

Day 4

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	Simulation 8: Mr James (Jim) Parker Case / Scenario: Mr James (Jim) Parker. 78yo male. Inpatient on acute general medical ward following admission for UTI and associated delirium. Past history of diabetes. Concerns regarding aspiration risks. Requires swallow assessment. Student tasks: The student pair responsible for this patient will: 1. Introduce themselves and explain the role of speech pathology in management of swallowing. 2. Conduct clinical swallow examination (CSE) at bedside. 3. Provide results of assessment to patient and recommendations for oral intake. 4. Identify need for further instrumental assessments of swallow with support from clinical educator. **Simulation 9: Mr Selwyn Walker**	swallow assessment results with a patient. 3. Recommend an appropriate, safe oral diet for a patient based on results. 4. Identify the need for an instrumental assessment of swallow with support from clinical educator. After participation in simulation 9, students will be able to: 1. Effectively communicate information regarding a patient's swallowing to a dietitian. 2. Effectively explain the need for continued modified fluids. After participation in simulation 10, students will be able to:	Other student pairs and clinical educator will be observing session. Each student pair will conduct one session with one simulated patient only. For example, student pair 1 will see Beth only.		

Day 4

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	Case: Mr Selwyn Walker. 89yo male. Inpatient on acute orthopaedic ward; admitted from RACF post fall with #NOF. Past history of dementia. Selwyn has been moved to discharge lounge however dietitian is present at bedside and would like to discuss possibility of upgrading Selwyn to thin fluids to allow for supplements to be given. Student tasks: The student pair responsible for this patient will: 1. Introduce themselves to the dietitian and explain role of speech pathology in dysphagia management. 2. Discuss dietitian's concerns regarding oral intake and nutritional supplementations. 3. Educate dietitian on dysphagia and advocate for why Selwyn should continue on current diet/fluid recommendations and why he is unsuitable for upgrade at present. **Simulation 10: Ms Emily Gleeson**	1. Gather relevant case history information about a patient's disease progression to date and typical speech and swallowing function. 2. Effectively conduct a bedside oromotor and motor speech assessment. 3. Effectively conduct a clinical swallowing examination including the use of compensatory strategies. 4. Suggest appropriate compensatory strategies to be used for both speech and swallowing to maximise a patient's function. Students will also demonstrate adherence to OH&S policies and			

Day 4					
Time	**Activity**	**Aims / Intended Learning Outcomes (ILOs) / Notes**	**Team Members + Location**	**Resources / Consumables**	**Workbook content**
	Case: Ms Emily Gleeson. 35yo female. Inpatient on acute neurology ward post Multiple Sclerosis relapse which has affected speech and swallow. For speech pathology assessment and management. Student tasks: The student pair responsible for this patient will: 1. Introduce themselves and explain role of speech pathology in her management. 2. Obtain case history from patient**.** 3. Conduct clinical swallow examination (CSE) and motor speech screening assessment. 4. Discuss results of assessment and further input of speech pathology in long-term care.	procedures within simulated hospital environment.			
11:30-12:00pm	**Debrief Simulations 7,8,9 and 10** Opportunity to debrief and provide feedback follow 4 simulations. Debriefing tools: Plus Delta or Pendleton		Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator	• Case files for Beth, Jim, Selwyn and Emily • iPad	• Complete assessment forms (screeners/informal assessments of speech, language and swallowing). • Notes pages.

Day 4					
Time	**Activity**	**Aims / Intended Learning Outcomes (ILOs) / Notes**	**Team Members + Location**	**Resources / Consumables**	**Workbook content**
	Student tasks: 1. Participate in debrief discussion with clinical educator and simulation unit. 2. Complete debrief/reflection questions in student workbook.		per simulation unit. Workrooms will require desk/chairs only.		• Reflection /debrief activities.
12:00pm	Lunch (45 minutes)				
12.45 - 1:30pm	**Prebrief Simulation 11: Mrs Margaret (Margie) Henderson** Case: Margie Henderson. 66 yo Female. Inpatient on NSHS Acute Stroke Ward presenting 2/52 post left hemisphere stroke. Receiving ongoing speech pathology support for management of dysphagia, dysarthria and aphasia. Simulation: Speech pathology student clinicians will meet with Margie to review swallow and conduct therapy to target motor speech, receptive and expressive language skills. Clinical educator will provide support throughout session using pause-discuss simulation	After participation in this clinical simulation (simulation 11), students will be able to: 1. Clearly explain therapy task requirements to a patient with aphasia. 2. Appropriately adapt session requirements within-session to reflect patient needs. 3. Provide relevant, specific feedback during and post therapy tasks to support a patient to participate effectively within the session.	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs only.	• Margie case file. • iPad (if using).	• Copy of most recent progress note outlining therapy Margie has previously received from speech pathology and her performance. • Session plan (in student workbooks). • NSHS clinical swallowing examination (CSE) assessment form. • Notes pages.

Day 4

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	model. Student tasks: 1. Complete pre simulation questions and activities from student workbook. 2. Prepare for session including discussion with pair regarding allocation of session responsibilities.	4. Write a clear and comprehensive discharge / transfer summary to provide to the rehabilitation speech pathologist. Students will also demonstrate adherence to OH&S policies and procedures within simulated hospital environment. Student workbooks contain tasks and resources to complete/use during prebrief, simulation and debrief sessions to assist student learning.			
1:30 - 2:45pm	**Simulation 11: Mrs Margaret (Margie) Henderson** Simulation: Speech pathology student clinicians will meet with Margie to review swallow and	Student workbooks contain tasks and resources to complete/use during prebrief, simulation and debrief sessions to assist	Each simulation unit will attend a hospital bedside. This may or may not be in a bay of other beds	• Scenario resources – refer to ***Simulation Set up Guide*** for details.	• Session plan (in student workbooks). • NSHS clinical swallowing examination (CSE) assessment form.

Day 4

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	conduct therapy targeting motor speech, receptive and expressive language skills and swallowing. Each student pair will conduct part of the session (each pair responsible for 1 therapy task). Clinical educator will provide support throughout session using pause-discuss simulation model. Student tasks: 1. Conduct one task (targeting swallow, motor speech, receptive language OR expressive language) according to given session plan. 2. Observe other student pairs conduct a therapy task and be able to provide feedback.	student learning.	(depending on resources). Students to work in pairs as treating student clinicians with Margie (simulated patient). Other students and clinical educator will be observing the session.	• Therapy resources as per session plan. • Margie case file. • iPad (if using).	• Notes pages.
2:45 - 3:00pm	**Debrief Simulation 11: Mrs Margaret (Margie) Henderson** Debriefing tool: Appreciative Inquiry or Advocacy Inquiry Student tasks: 1. Complete debrief questions and		Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit.	• Margie case file. • iPad (if using).	• Example discharge summary report. • Blank template of discharge summary report. • Debrief questions and reflection page.

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	activities from student workbook including writing a discharge summary (in pairs) to provide to the next setting. 2. Participate in simulation unit discussion with clinical educator regarding feedback and debrief. 3. Receive feedback from simulated patient.		Workrooms will require desk/chairs only.		
3:00 - 3:15pm	**Simulated patient feedback** Margie (simulated patient) will provide general feedback to all student pairs.		Clinical educator, Students and simulated patient. Workrooms will require desk/chairs.	• Simulated patient feedback form.	• Students to write notes from simulated patient feedback.
3:15pm	Afternoon tea (15 minutes)				
3:30 - 4:30pm	**Prebrief Simulation 12: Mr James (Jim) Parker and Betty Parker (wife)** Case: Mr James (Jim) Parker. 78yo male. Inpatient on acute general medical ward following admission for UTI and associated delirium. Past history of diabetes. Concerns regarding aspiration risk. Dysphagia.	As per simulation 12 ILOs outlined on Day 5 am.	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will	• Jim case file. • Video *Jim VFSS* • iPad – Dysphagia app (if using). • Copies of VFSS report.	• Prebrief questions including prompt questions for gathering information. • Information regarding discharging on modified diet/fluids. • Notes pages.

Day 4

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	Scenario: Following initial CSE (Day 4), a videoflurroscopy swallow study (VFSS) was conducted. Speech pathology student clinicians will need to discuss results of assessment and diet/fluid recommendations with Jim and his wife (Betty) prior to Jim's discharge. Student tasks: 1. Review the footage and assessment report of the VFSS with support from clinical educator. 2. Participate in simulation unit discussions with clinical educator regarding interpretation of results and tips for providing education for family members.		require desk/chairs as well as reliable audio-visual equipment.		
4:30 - 5:00pm	**Preparation for Day 5** • Discuss plan for Day 5 i.e., discharge meeting with Jim & Betty (simulation 12) and case handover to clinical educator (simulation 13). • Clinical educator to allocate students to a specific case to provide a handover.	For student to prepare for Day 5 of the Simulation Program, practice documenting statistics and become aware of homework tasks. If time allows, students may begin to work on their homework task/s.	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit.	• iPad (if using). • Day 5 workbooks. • Resources for simulations 12 & 13). In student workbooks. • Case files for all	• Notes pages. • Example of completed assessment report and blank template. • Templates for case handover.

Day 4

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / Consumables	Workbook content
	Statistics: Students to record direct and indirect patient contact time from Day 4 in student workbook. **Homework (if applicable):** • Prepare for case handover.	Clinical educators will be available to answer questions / address concerns.	Workrooms will require desk/chairs only.	7 patients.	

Day 5

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / consumables	Workbook content
8:30 - 8:45am	**Stop-Keep-Start debrief** Clinical educators will meet with students to discuss their experiences of the Simulation Program so far using the Stop-Keep-Start debrief model.	Students will reflect on experiences of the Simulation Program so far and prepare for remainder of the program.	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs only.	• Debrief document including instructions (for clinical educators).	• Notes pages.
8:45 - 9:00am	**General Preparation Time** • Prepare for simulations 12 and 13. • Ask questions as necessary.	Students will prepare for sessions and utilise clinical educator support as required.	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs only.	• iPad (if using). • Day 5 workbooks. • Case files.	• Template for case handover (simulation 13).

Day 5

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / consumables	Workbook content

9:00 - 10:15am	**Simulation 12: Mr James (Jim) and Betty (wife) Parker** *(Immersion session with simulated patients);* *Time ins/outs allowable as per clinical educator.*
	
	 NB: if there is more than 1 Simulation unit, Simulations 12 and 13 will be set up as rotations to maximise use of simulated patient time. All student units will complete both simulations between 9:00am and 11:30am however order may vary.
	
	 Case: Mr James (Jim) Parker. 78yo male. Inpatient on acute general medical ward following admission for UTI and associated delirium. Past history of diabetes. Concerns regarding aspiration risk. Dysphagia.
	
	 Scenario: Following initial CSE (Day 4), a videofluroscopy swallow study (VFSS) was conducted. Speech pathology student clinicians will need to discuss results of assessment and diet/fluid recommendations with Jim and his wife (Betty) prior to Jim's discharge.
	
	 Student tasks:
		After participation in this clinical simulation (simulation 12), students will be able to:
		 1. Effectively communicate results of the assessment to a patient and partner/carer in appropriate lay language regarding the patient's swallowing difficulties.
		 2. Make appropriate choices regarding modified food and fluid management for a patient.
		 3. Clearly explain to a patient how he will manage his dysphagia on his return home (where to get thickened fluids, how to thicken fluids, appropriate diet modifications).
		 4. Respond effectively to questions and concerns from a patient and partner/carer.
			Students to work in pairs as treating clinicians with Jim and Betty (simulated patient and wife) in a speech pathology office.
			
			 Requires 1 x desk and 4 x chairs for Jim and Betty (simulated patients) and student clinicians.
			
			 Clinical educator will observe and support as required.
			
			 Other students will <u>not be observing</u> this session.
				• Jim case file.
				 • iPad (if using):
				  ○ Dysphagia app
				  ○ VFSS video
				 • Scenario resources – refer to ***Simulation Set up Guide*** for details.
					• Session plan outline (provided in student workbooks).
					 • Notes pages.

Day 5

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / consumables	Workbook content
	1. Explain role of speech pathology in Jim's dysphagia management. 2. Explain results of VFSS in lay language and outline recommendations for Jim's oral intake. 3. Answer any questions. 4. Discuss recommendations and how to manage dysphagia post discharge in the home environment.				
10:15-11:30am	**Simulation 13: Case handover to clinical educator (*Case discussions*).** Scenario: As this is the final day at the NSHS, the students will be required to provide their clinical educator with a case handover of a case that they reviewed during the Simulation Program. Each student will present on one case individually (they will be advised of their case on Day 4 PM). NB: Margie's case can be split into 2 parts for handover, if required. Student tasks: 1. Spend 2-3 minutes summarising the key points of a case including: presentation, diagnosis, interventions (focusing on speech pathology intervention), impressions,	After participation in this clinical simulation (simulation 13), students will be able to: 1. Clearly and concisely communicate the key points of a familiar patient including general history, initial presentation, known diagnoses, assessment results, progress to date and current management plan. 2. Actively participate in structured group discussion of case management options for known/familiar patients.	Session to occur in simulated speech pathology department space or hospital meeting room. Meeting room to have 1 x desk and 6-9 desks for clinical educator and all students in simulation unit.	• Case files for all cases discussed. • iPad (if using). • Scenario resources – refer to ***Simulation Set up Guide*** for details.	• Completed template for case handover. • Notes pages.

Day 5

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / consumables	Workbook content
	recommendations & follow up plan. 2. Discuss case with peers/clinical educator and answer any questions.				
11:30-12:30pm	**Debrief simulations 12 and 13 + simulated patient feedback (Jim and Betty)** Simulation units will debrief both Simulation 12 and Simulation 13. Debriefing tools: Appreciative Inquiry or Advocacy Inquiry Student tasks: 1. Participate in simulation unit discussions regarding outcomes of both simulations 2. Receive feedback from simulated patients (Jim and Betty) *NB: If there is more than one student unit, simulated patient feedback can be given as a whole group or to individual units – this is at the discretion of the simulation coordinator.* 3. Receive feedback from peers and clinical educator. 4. complete debrief / reflection tasks in	Specific ILOs for each simulation as noted above. Students will receive feedback from simulated patients, clinical educator and peers.	Clinical educator will work with their simulation unit in their own workroom. 1 clinical educator per simulation unit. Workrooms will require desk/chairs only.	• Case files. • iPad (if using).	• Notes pages. • Progress notes for simulation 12. • Debrief / reflection questions and activities. • Feedback forms.

Day 5

Time	Activity	Aims / Intended Learning Outcomes (ILOs) / Notes	Team Members + Location	Resources / consumables	Workbook content
	workbook.				
12:30pm – 1:30pm	**End of simulation program activities** • Complete statistics for Day 5. • Final debrief and wrap up (Stop-Keep-Start debrief model). • Discussion regarding: take home messages and transferring skills learnt to traditional clinical placements. • Discussion regarding how traditional placement will be *different* to simulation. • Questions.	Students will complete final debrief with clinical educator and participate in whole group discussion regarding transferring simulation skills to traditional clinical environment.	Facilitator presenting to all students together.		• Notes pages.

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