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Simulation-based Learning Program

Clinical educator workbook: Day 1

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



THE UNIVERSITY OF
SYDNEY



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Day 1 timetable - overview

Day 1	
10:00am	Introduction to simulation Orientation/start of Simulation Program
11:30am	LUNCH
12:15pm	Simulation 1: Mr Tom Jones (clinical educator led)
1:45pm	Simulation 2: Mr Tom Jones (student led)
3:40pm	Simulated patient feedback
4:00pm	Preparation for Day 2
4:30pm	Close of Day 1

Part one: Overall introduction

- Introduction of relevant staff and explanation of roles within the Simulation Program.
- Introduction of students:
 - Description of their clinical experiences to date.
 - Discussion of where they are going on placement following the Simulation Program (if relevant).
 - Discussion of their key hopes for the Simulation Program (very brief – don't go into learning objectives yet). Encourage a focus on transferable skills, not just adult speech pathology practice.
 - Overview of Day 1.

Overview of simulation:

Student workbook reference – p4

Questions for students:

- What is your understanding of simulation?
- What is your experience of simulation?
- What do you think are the benefits?

Information to provide to students (*Day 1 student workbook reference – page 4*):

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 Health 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

Student workbook reference – p5

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).

Process of learning within Simulation-based Learning Program

Student workbook reference – p6

All activities within the simulated 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.

The student workbooks (to be discussed with students)

- The workbooks aim to complement and guide the learning experience in this Simulation-based Learning Program. It is designed to help integrate knowledge of adult areas of practice, develop skills in assessment, diagnosis, clinical decision-making and treatment planning. There is a different workbook for each day of the program.

Simulation ground rules (work through with students)

Student workbook reference – p6

- Professionalism is expected at all times, with respect to punctuality, dress, manner, provision of feedback, and engagement with staff and simulated patients.
- Confidentiality is expected at all times with respect to client data used within simulations.
- Confidentiality is expected with respect to the Simulation Program activities and process of learning.
- Students are expected to engage with colleagues and clinical educators to gain the most from this learning experience.
- Feedback will be provided across the week from a range of sources (see below). Students are expected to fully engage in the feedback process to maximise learning outcomes.

Feedback during Simulation-based Learning Program

Student workbook reference – p7

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 client 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 client'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.

General guidelines for students when providing feedback to peers within simulation

Student workbook reference – p7

- Be sure that before giving feedback to your peer, he/she has had the opportunity to discuss his/her performance and feelings about it.
- Give solicited feedback (i.e., feedback asked for by your peer) rather than focusing on what you see as being important. Remember feedback should be for the benefit of the receiver.
- Be sure to give feedback on the person's strengths as well as their weaknesses and things that could be improved.
- Give 'appropriate' feedback, that is, feedback about behaviour that CAN be changed – feedback that can be used in a constructive way. It is important that your peer can take away ideas about an area he/she can positively work on.
- Give specific feedback that describes an area you have observed. For example, *"you were just the right distance away from your client but you didn't look at him very often"*.
- Do not be judgmental – feedback should not focus on the other's values, beliefs, personality traits.
- Avoid the use of clinical terms or labels – use language which is understood readily by both parties.
- Focus on the impact that your peer's verbal or nonverbal behaviour may have had on another person (client, peer, clinical educator).
- Be clear, precise and specific in your feedback. For example, *"I liked the way you _____", "The way you _____ was excellent"*.

- Avoid giving too much feedback at one time. Encourage your peer to comment or engage in brief discussion on your feedback in one area before moving on to another area.
- Check that your peer is in agreement with your perceptions of a session e.g., *“does that fit with the way you see things?”* Be flexible enough to change your perceptions if need be.

General guidelines for students when receiving feedback within simulation

Student workbook reference – p8

- Listen carefully to the entire feedback given. A good way of ensuring that you have correctly heard and that you understand the feedback is to check your perceptions of the feedback. *“If I understand, what you’re saying is.....”*.
- Remember that all feedback is based on what the observer perceives and feels about the situation.
- You should give as much attention to the positive feedback which is given to you as you do to the critical feedback.
- It is sometimes difficult to respond immediately to feedback. It is not expected that you respond completely and immediately to all that is said to you. However, it is important that you acknowledge the feedback and provide some comment if you can.
- If the feedback given to you has not covered all questions you had, you should feel free to ask for further feedback in other areas.
- Ask if necessary for clarification and elaboration from the person giving you feedback.

Reflection

Discuss role of reflection in learning, its importance as a learning tool and types of reflection (peer reflection, self-reflection, clinical educator feedback, journaling etc.) Elicit a brief comment from each student regarding their own favoured reflection processes.

Questions

Learning goals for each student

- Discussion as a group (verbal only but if students wish to complete a written learning goal statement, this is fine).
- Encourage students to think broadly across the 5 days about their learning from this Simulation Program and what they can take into the next clinic (transferable skills). Make this a focus point of today and then again on day 5.
- Discussion with students about talking to the clinical educator during the Simulation Program about their own performance and how their learning in this environment will impact on their learning in the following clinic.

Orientation / start of Simulation Program

- Orientation to the National Simulation Health Service (NSHS). Tertiary health care centre providing care in most major adult specialities.
- Services provided: acute medical, surgical, cancer, rehabilitation and allied health services.

- Overview of core speech pathology caseloads: stroke, neurology, neurosurgery, general medical, general surgical, inpatient and outpatient geriatric rehabilitation, inpatient and outpatient brain injury rehabilitation.
- Simulation Program timetable. Refer below to overview of 5 day program. *Student workbook reference: Page 9*. Points to discuss:
 - Diversity of environment – ward, outpatient etc. Discuss the differences between these settings and how this impacts on our services.
 - Diversity of stage in clinical process – acute, subacute, rehabilitation.
- OH&S Procedures (practical) - hand washing, safety (please follow your own university's protocol for this).
- Administrative procedures - confidentiality procedures, statistics, documentation (progress note examples, templates).
- Orientation to physical space/simulation labs (if applicable and/or available).

Simulation-based Learning Program timetable

Student workbook reference – p9

Day 1	
10:00am	Introduction to simulation Orientation/start of Simulation Program
11:30am	LUNCH
12:15pm	Simulation 1: Mr Tom Jones (clinical educator led)
1:45pm	Simulation 2: Mr Tom Jones (student led)
3:40pm	Simulated patient feedback
4:00pm	Preparation for Day 2
4:30pm	Close of Day 1

Day 2	
8:30am	General preparation time
8:45am	Simulation 3: Mr Tom Jones (student role-play)
10:15am	Morning tea
10:30am	Simulation 4: Mr Michael Goodman (student role-play)
12:00pm	LUNCH
12:45pm	Simulation 4 (continued): Mr Michael Goodman
3:00pm	Afternoon tea
3:15pm	Preparation for Day 3
4:30pm	Close of Day 2

Day 3	
8:30am	General preparation time
9:00am	Simulation 5: Mrs Margaret Henderson (swallowing assessment)
11:45pm	LUNCH
12:30pm	Simulation 6: Mrs Margaret Henderson (communication assessment)
3:00pm	Afternoon tea

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

Day 4	
8:30am	Stop-Keep-Start debrief
8:45am	General preparation time
9:15am	Simulation 7: Mrs Beth O'Connor
	Simulation 8: Mr Jim Parker
	Simulation 9: Mr Selwyn Walker
	Simulation 10: Ms Emily Gleeson
12:00pm	LUNCH
12:45pm	Simulation 11: Mrs Margaret Henderson (therapy session)
3:00pm	Simulated patient feedback
3:15pm	Afternoon tea
3:30pm	Prebrief Simulation 12: Mr James (Jim) Parker - Review videofluoroscopy
4:30pm	Preparation for Day 5
5:00pm	Close of Day 4

Day 5	
8:30am	Stop-Start-Keep debrief
8:45am	General preparation time
9:00am	Simulation 12: Mr James (Jim) Parker + Betty Parker
10:15am	Simulation 13: Speech pathology case handover
11:30am	Debrief simulations 12 + 13 <i>Simulated patient feedback</i>
12:30pm	End of Simulation Program activities
1:30pm	Close of Day 5

Day 1 Run Sheet


Time	Simulation team	Activity/simulation	Location	Student learning focus	Debriefing tool
10:00am	Student arrival				
10:00am – 11:30am	Clinical educator	General introduction to simulation Clinical orientation Start of clinical placement	Teaching room	Discussion of personal learning objectives	
11:30am	Lunch (45 minutes)				
12:15pm – 1:15pm	Clinical educator All students – large group discussion	Prebrief Simulation 1: Mr Tom Jones <ul style="list-style-type: none"> Pre simulation workbook activities. 	Teaching room	<ol style="list-style-type: none"> Orientation and identification of key information from medical chart. Case discussion. Review and discussion of assessment results. Discussion regarding aphasia. Aphasia therapy tasks. 	
1:15pm – 1:30pm	Clinical educator Simulated patient (Tom)	Simulation 1: Mr Tom Jones clinical educator led session → <i>Student observation of clinical educator session with simulated patient.</i> <u>Case:</u> Mr Tom Jones. 65yo male. 3/52 post left hemisphere stroke. Characteristics of anomic aphasia.	Rehabilitation Speech Pathology office	<ol style="list-style-type: none"> Observe clinical educator in session. Complete structured observation guide. Focus on interactions, communication style, language, rapport building. 	

Time	Simulation team	Activity/simulation	Location	Student learning focus	Debriefing tool
		<p>Inpatient on NSHS Rehabilitation Ward.</p> <p>All students involved. Clinical educator conducts initial rehab session (as per session plan). Students observe and complete structured observation form</p> <p>Simulation timing: 15 mins simulation</p>			
1:30pm - 1:45pm	<p>Clinical educator</p> <p>All students – large group discussion</p>	<p>Debrief simulation 1</p> <ul style="list-style-type: none"> Review structured observation notes taken by students. 	Teaching room	<ol style="list-style-type: none"> Facilitated discussion regarding the session guided by debriefing tool. 	Appreciative Inquiry
1:45pm – 2:15pm	<p>Clinical educator</p> <p>All students – large group discussion</p>	<p>Prebrief simulation 2: Mr Tom Jones</p> <ul style="list-style-type: none"> Pre simulation workbook activity. Within pair allocation of responsibilities from session plan in student workbook. 	Teaching room	<ol style="list-style-type: none"> Identify key communication strategies to use with the patient. Opportunity for practice and feedback on approach to session. 	

Time	Simulation team	Activity/simulation	Location	Student learning focus	Debriefing tool
2:15pm – 3:15pm	Clinical educator Simulated patient (Tom)	<p>Simulation 2: Mr Tom Jones student led session → <i>Session with simulated patient. Time in/Time out allowable as per clinical educator.</i></p> <p><u>Case:</u> Mr Tom Jones. 65yo male. 3/52 post left hemisphere stroke. Characteristics of anomic aphasia. Inpatient on NSHS Rehabilitation ward.</p> <p>Students conduct same session in pairs with simulated patient. Other students observe.</p> <p>Simulation timing: 60 minute simulation (if 4 pairs) - each student pair has 15 mins with simulated patient. 1-2 mins handover to clinical educator prior to each session.</p>	Rehabilitation Speech Pathology office	<ol style="list-style-type: none"> 1. Communicate results of formal language assessment to patient with aphasia. 2. Set goals collaboratively with patient. 3. Provide education regarding aphasia. 4. Provide example of convergent naming therapy task for future therapy. 	
3:15pm - 3:40pm	Clinical educator	<p>Debrief simulation 2</p> <ul style="list-style-type: none"> • Complete debrief workbook activities. 	Teaching room	<ol style="list-style-type: none"> 1. Facilitated discussion regarding the session guided by debriefing tool. 	Appreciative Inquiry

Time	Simulation team	Activity/simulation	Location	Student learning focus	Debriefing tool
	All students – large group discussion			2. Review progress note to document session.	
3:40pm – 4:00pm	Clinical educator Simulated patient (Tom)	Simulated patient feedback Clinical educator to introduce simulated patient out of role to students for feedback. Simulated patient to provide feedback to all students using structured <i>Simulated Patient Feedback to Students</i> form.	Teaching room		
4:00pm – 4:30pm	Clinical educator All students – large group discussion	Preparation for Day 2: <ul style="list-style-type: none"> Inpatient rehabilitation and community rehabilitation. Statistics: Students document stats from Day 1 in workbook.	Teaching room	1. Discuss personal learning goals as discussed in earlier morning session. 2. Discuss documentation of statistics. 3. Review rehabilitation session plan to be conducted in student role play session.	
4:30pm	Close of Day 1				

SIMULATION 1: Mr Tom Jones

Patient information	<ul style="list-style-type: none"> • Tom is a 65 year old gentleman who suffered a left hemisphere stroke 3 weeks ago. • His wife, Fran found him slumped and unresponsive in his armchair when she returned home from doing the grocery shopping. • An ambulance was called and Tom was admitted to Emergency Department of the National Simulation Health Service (NSHS) – the local tertiary hospital. • On admission Tom had a CT scan that confirmed the stroke. • Tom was then admitted to the Acute Stroke Unit (ASU) and remained there for 2 weeks. • Tom was then transferred to the Rehabilitation Unit where he has been for one week. He has had initial formal assessments conducted by speech pathology, physiotherapy and occupational therapy. • Tom has not been seen by speech pathology since the assessment.
<p>Overview of the simulation</p> <p>Clinical educator-led</p>	<p>This simulation is set following Tom’s completion of a formal language assessment on his admission to the inpatient rehabilitation ward. He has previously met the speech pathologist during the assessment.</p> <p>Tom presents with aphasia characterised by difficulty in finding the correct words (anomic type presentation).</p> <p>The clinical educator is wanting to:</p> <ol style="list-style-type: none"> 1. Discuss the assessment results with Tom. 2. Develop appropriate treatment goals (1 x LTG and 2 x STGs). 3. Provide education regarding aphasia. 4. Provide an example of a convergent naming therapy task. <p>The clinical educator will be the treating clinician and have approx. 15mins to conduct the session.</p>
Setting	<p>Tom will be seated in the waiting room of the speech pathology department awaiting the arrival of the treating speech pathologist.</p> <p>Tom was transferred to the rehabilitation ward last week after spending time in the acute ward of the hospital. No other hospital staff or family members are present with Tom for his treatment session today.</p> 
Learning objectives	<p>After participation in structured observation of a clinical educator led rehabilitation session, students will be able to:</p> <ol style="list-style-type: none"> 1. Interpret medical chart information and identify relevant data for this client.

	<ol style="list-style-type: none"> 2. Identify professional competencies demonstrated by the clinical educator that led to an effective rehabilitation session. 3. Identify the strategies used to effectively communicate the results of a formal language assessment to a client who has recently acquired a communication disorder. 4. Explain the concept of client-centred practice and collaborative goal-setting and their contribution to client outcomes.
Debriefing model/s	Appreciative Inquiry

Patient information	
Name	Tom Jones
Age	65 years
Address	86 Sixth Ave, Newtown
Occupation	<ul style="list-style-type: none"> • Semi-retired chartered accountant. • Tom remained at the same company for 35 years and retired due to the increased work-related stress. • Tom occasionally consults for VIP/long standing clients of the firm. • Financially 'comfortable'.
Personality	<ul style="list-style-type: none"> • Social, pleasant man. • Friendly and always up for a chat. • 'Measured' and considered in interactions. • Proud of his family and their achievements.
Family	<ul style="list-style-type: none"> • Wife (Fran Jones). They have been married for 40 years. • Together they have 3 children (2 daughters and 1 son) who are all married with children. • Tom and Fran have 6 grandchildren.
Hobbies	<ul style="list-style-type: none"> • Camping with family. Tom owns a caravan and often take trips away with Fran and/or children/grandchildren. • Fishing. • Sports. Tom and his son often attend local football matches.
Medical History	<ul style="list-style-type: none"> • GP has prescribed Tom Coversyl tablets for high blood pressure a few years ago.

Western Aphasia Battery-R© Aphasia Quotient (AQ) score	Severity level
0 – 25	Very severe
26 – 50	Severe
51 – 75	Moderate
76 and above	Mild

Western Aphasia Battery, Revised. Copyright © 2006 NCS Pearson, Inc. adapted and used with permission for training purposes. All rights reserved.

Debriefing Simulation 1			
Intended learning outcomes	Debriefing tool:	Clinical educator prompts	Feedback / notes
<p>After participation in structured observation of a clinical educator led rehabilitation session, students will be able to:</p> <ol style="list-style-type: none"> 1. Interpret medical chart information and identity relevant data for this client. 2. Identify professional competencies demonstrated by the clinical educator that led to an effective rehabilitation session. 3. Identify the strategies used to effectively communicate the results of a formal language assessment to a client who has recently acquired a communication disorder. 4. Explain the concept of client-centred practice and collaborative goal setting and their contribution to client outcomes. 	<p>Appreciative Inquiry The assumption of appreciative inquiry is that in every situation, something works.</p> <p>This approach looks for what works in a situation or learning environment and focusses on doing more of this.</p>	<p>Thinking about that simulation</p> <ul style="list-style-type: none"> • Tell me what worked really well in that simulation? • What did you as a person, or you as a group do well? • What made it work well? • Describe a specific time when you felt you/your group performed really well. What were the circumstances during that time? • What do you think contributed to this working so well? • Do you have some ideas about how you could use/do more (<i>what worked well</i>) within your clinical practice? 	
Clinical educator self-evaluation at conclusion of simulation			
<ol style="list-style-type: none"> 1. What worked well with this simulation? 2. What didn't work well with this simulation? 3. How was the timing for this simulation? 4. What would you do differently next time? 			

Session plan: Mr Tom Jones

Session element	Goal / Activity	Time	Materials	Criterion	Theoretical basis & rationale
1. Introduction / Rapport Building	<ul style="list-style-type: none"> Clinician to introduce self and explain role of speech pathology in Tom's rehabilitation. Clinician to provide outline of session and explain session goals. Clinician to engage Tom in conversation to assist development of rapport and solid foundation for an effective working relationship. 		Nil	N/A	<ul style="list-style-type: none"> It is important for Tom to understand the role of speech pathology in his intervention and to be aware of session goals in order to appropriately participate in the session. Rapport building allows the patient to feel more at ease during a session and may improve client-clinician interactions and collaborations.
2. Explanation / Discussion of WAB-R results	<ul style="list-style-type: none"> Clinician to discuss results of formal language assessment - Western Aphasia Battery – Revised (WAB-R)© with Tom. Clinician to identify Tom's strengths and areas of need with Tom and discuss impacts of these. Clinician to ensure Tom has an adequate understanding of results and should clarify any points as necessary. 		WAB-R© assessment data form	N/A	<ul style="list-style-type: none"> Review of assessment results and identification of strengths/weaknesses with patients is important to increase self-awareness and assist in goal setting.
3. Goal setting	<ul style="list-style-type: none"> Clinician to discuss importance of goals in rehabilitation and collaborate with Tom to develop a set of goals to target within speech therapy sessions. Clinician to ask prompting questions to determine Tom's current areas of concern and to assist Tom to consider all areas of communication that may require additional therapy. 		Paper / Pens	N/A	<ul style="list-style-type: none"> To ensure patient-centred therapy, collaboration between patient and clinician is fundamental. Clinicians should scaffold discussions to appropriately identify patient concerns and goals for therapy. Clinicians should use evidence-based practice principles in development of therapy goals and in therapy planning.

Session element	Goal / Activity	Time	Materials	Criterion	Theoretical basis & rationale
	<ul style="list-style-type: none"> Clinician and Tom should develop 1x LTG and 2 STGs. 				<ul style="list-style-type: none"> LTG = long term goal (where should patient be ideally, when finished all therapy for current concerns). STG = short term goals (2-3 shorter term goals that may be achieved during inpatient rehabilitation).
4. Provide education regarding aphasia	<ul style="list-style-type: none"> Clinician to provide education regarding aphasia to Tom. 		Poster	N/A	<ul style="list-style-type: none"> To ensure patient-centred therapy, it is important for the person with aphasia to be educated regarding aphasia.
5. Explanation / demonstration of therapy tasks	<ul style="list-style-type: none"> Clinician to explain and demonstrate an impairment based semantic therapy activity that Tom may complete in therapy (convergent naming task). Clinician to explain the purpose of semantic therapy tasks and assists Tom to complete 3-5 trial items. 		Convergent Naming worksheet (see over page) Cueing hierarchy (see over page)	N/A	<ul style="list-style-type: none"> Explanation and demonstration of therapy tasks in initial session will assist patient to: <ul style="list-style-type: none"> Gain a clear understanding of how speech therapy activities may target identified weaknesses / therapy goals.
6. Question time, wrap-up and plan.	<ul style="list-style-type: none"> Clinician to invite Tom to ask any questions and should clarify any concerns. Clinician to conclude session by outlining future plans as decided in therapy. Clinician to explain to Tom that they will meet for regular therapy to target the goals identified during today's session. 		Nil	N/A	<ul style="list-style-type: none"> Providing time for patient to ask any questions is important for ensuring their understanding and increasing compliance. Important to provide patient with follow-up plan and ensure both patient and clinician are 'on the same page'.

PLAN: (1) Daily therapy in inpatient rehabilitation setting targeting areas identified in today's session.

Spoken Naming Cueing Hierachy (Cardell and Lawrie, 2012)

Clinician's Cueing Hierachy:

Note: Encourage the individual to silently rehearse each word 'in their head' before saying the word aloud to optimise the retrieval of the correct phonological form.

Target = 'bed'

1. Phonemic cue (PC)	It starts with a 'b'.
2. Semantic cue (SC)	You sleep in it.
3. Sentence completion cue (Sent)	You sleep in a _____.
4. Sentence completion and phonemic cue (Sent & PC)	You sleep in a b_____.
5. Anagram using letter tiles (An)	
6. Written word cue/arrange letter tiles (W)	
7. Written word cue and phonemic cue (WC &PC)	
8. Repetition (Rep)	

Note: The above hierarchy is not 'set in cement'. Use your clinical judgement to modify the hierarchy of cues, according to the client's individual processing profile.



Convergent Naming


Target: Word retrieval; semantics

Instructions: Name the object which is being described.

1. It swims in the ocean. You can eat it. (fish)
2. It is a yellow and green vegetable. It comes on a cob. (corn)
3. It shines in the night sky. There are many of them. (star)
4. You put a key into it to open it. (lock)
5. It's an animal. Its coat is made of wool. (sheep)
6. Looks after patients in a hospital. Works with doctors. (nurse)
7. You use it to clean your teeth. You put toothpaste on it. (toothbrush)
8. A body part attached to your leg that you use to walk. (foot)
9. You read it. It can be delivered daily to your house. (book)
10. It falls from the sky and is wet. (rain or snow)

SIMULATION 2: Mr Tom Jones

This simulation is a replicated session of Simulation 1. The speech pathology student clinicians will now be completing this session after observing the clinical educator in Simulation 1.

<p>Overview of the simulation</p> <p>Student-led</p>	<p>The student clinicians are wanting to:</p> <ol style="list-style-type: none"> 1. Discuss the assessment results with Tom. 2. Develop appropriate treatment goals (1 x LTG and 2 x STGs). 3. Provide education regarding aphasia. 4. Discuss possible treatment activities that he can expect to do whilst he is in rehabilitation. <p>Student clinicians will act as the treating clinicians and have approx. 15 mins to conduct the session. Prior to the session they will provide the clinical educator with a brief (1-2 mins) case handover.</p>
<p>Setting</p>	<p>Tom will be seated in the waiting room of the speech pathology department awaiting the arrival of the student clinicians.</p> <p>Tom was transferred to the rehabilitation ward last week after spending time in the acute ward of the hospital. No other hospital staff or family members are present with Tom for his treatment session today.</p> 
<p>Learning objectives</p>	<p>After participation in this clinical simulation, students will be able to:</p> <ol style="list-style-type: none"> 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 the patient. 3. Provide education regarding aphasia. 4. Effectively implement relevant impairment-based language therapy tasks.
<p>Debriefing model/s</p>	<p>Appreciative Inquiry</p>

Debriefing Simulation 2			
Intended learning outcomes	Debriefing tool	Clinical educator prompts	Feedback / notes
<p>After participation in this clinical simulation, students will be able to:</p> <ol style="list-style-type: none"> 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 the patient. 3. Provide education regarding aphasia. 4. Effectively implement relevant impairment-based language therapy tasks. 	<p>Appreciative Inquiry The assumption of appreciative inquiry is that in every situation, something works.</p> <p>This approach looks for what works in a situation or learning environment and focusses on doing more of this.</p>	<p>Thinking about that simulation</p> <ul style="list-style-type: none"> • Tell me what worked really well in that simulation? • What did you as a person, or you as a group do well? • What made it work well? • Describe a specific time when you felt you/your group performed really well. What were the circumstances during that time? • What do you think contributed to this working so well? • Do you have some ideas about how you could use/do more (<i>what worked well</i>) within your clinical practice? 	
Clinical educator self-evaluation at conclusion of simulation			
<ol style="list-style-type: none"> 1. What worked well with this simulation? 2. What didn't work well with this simulation? 3. How was the timing for this simulation? 4. What would you do differently next time? 			

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