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# Simulation-based Learning Program

## Clinical educator workbook: Day 3

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



THE UNIVERSITY OF  
SYDNEY



**LA TROBE**  
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**Griffith**  
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## Day 3 timetable - overview

Day 3	
8:30am	Overview of Day 3 and general preparation time
9:00am	<b>Simulation 5:</b> Mrs Margaret Henderson (swallowing assessment)
11:45pm	LUNCH
12:30pm	<b>Simulation 6:</b> 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 3 Run sheet

Time	Simulation team	Activity/simulation	Location	Student learning focus	Debriefing tool
8:30am – 9:00am	Clinical educator	General preparation time	Teaching room		
9:00am – 9:40am	Clinical educator  All students –large group discussion	<b>Prebrief Simulation 5: Mrs Margaret (Margie) Henderson</b> <ul style="list-style-type: none"> <li>• Prebrief workbook activities.</li> </ul>	Teaching room	<ol style="list-style-type: none"> <li>1. Identification of key information from medical chart.</li> <li>2. Consider expected presentation of patient from information given.</li> </ol>	
9:40am – 11:00am	Clinical educator  Simulated patient (Margie)  All students	<p><b>Simulation 5: Mrs Margie Henderson</b> → <i>Pause discuss session with simulated patient.</i></p> <p><u>Case:</u> Mrs Margaret (Margie) Henderson. 66yo Female. Post left hemisphere stroke. Dysphagia, dysarthria, aphasia.</p> <p>Students receive handover from Anna (nurse). Students are to <b>complete Clinical Swallow Examination</b> (<i>tool located at the back of this booklet</i>). with Margie at her beside. Anna advises the students that the medical team require Margie to be available for review at 11:00am.</p>	Simulation Lab Hospital ward	<ol style="list-style-type: none"> <li>1. Effectively conduct clinical swallow examination including oromotor assessment and assessment of swallow function.</li> <li>2. Effectively communicate and provide information to nursing staff regarding swallow status and recommendations for safe oral intake.</li> </ol>	

Time	Simulation team	Activity/simulation	Location	Student learning focus	Debriefing tool
		<p>Each student will have an opportunity to conduct <u>part</u> of the screening assessment.</p> <p>Clinical educator will use pause-discuss method in simulation to support students during session.</p> <p><b>Simulation timing:</b> 80min simulation (to complete full clinical swallow examination).</p>			
11:00am – 11:45am	<p>Clinical educator</p> <p>All students – large group discussion</p>	<p><b>Debrief simulation 5</b></p> <ul style="list-style-type: none"> <li>Complete debrief workbook activities.</li> </ul>	Teaching room	1. Facilitated discussion regarding the session guided by debriefing tool.	Appreciative Inquiry or Advocacy Inquiry
11:45am	<b>LUNCH (45 minutes)</b>				
12:30pm – 1:00pm	<p>Clinical educator</p> <p>All students –large group discussion</p>	<p><b>Prebrief simulation 6: Mrs Margie Henderson</b></p> <ul style="list-style-type: none"> <li>Prebrief workbook activities</li> </ul>	Teaching room	<ol style="list-style-type: none"> <li>Consider expected presentation of patient from information given.</li> <li>Prepare for assessment of speech and language.</li> </ol>	
1:00pm – 2:30pm	Clinical educator	<b>Simulation 6: Mrs Margie Henderson</b>	Simulation Lab Hospital ward	1. Administer clinical bedside screening	

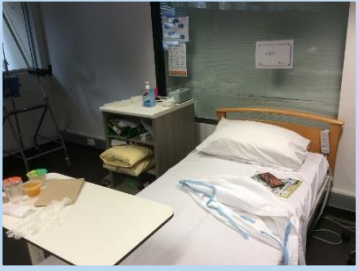


Time	Simulation team	Activity/simulation	Location	Student learning focus	Debriefing tool
	<p>Simulated patient (Margie)</p> <p>All students</p>	<p>→ <i>Pause discuss session with simulated patient.</i></p> <p><u>Case:</u> Mrs Margaret (Margie) Henderson. 66yo Female. Post left hemisphere stroke. Dysphagia, dysarthria, aphasia.</p> <p>Students <b>complete informal motor speech and language assessments</b> with Margie at bedside (<i>tools located at the back of this booklet</i>). Following session, Anna returns to receive recommendations for communication strategies.</p> <p>Each student will have an opportunity to conduct <u>part</u> of the screening assessment.</p> <p>Clinical educator will use pause-discuss method in simulation to support students during session.</p> <p><b>Simulation timing:</b> 90min simulation (to complete full communication assessment – motor speech and language).</p>		<p>assessments of speech and language.</p> <p>2. Communicate information to nursing staff regarding communication status and strategies to facilitate communication.</p>	
2:30pm – 3:00pm	Clinical educator	<p><b>Debrief simulation 6</b></p> <ul style="list-style-type: none"> <li>Complete debrief workbook activities.</li> </ul>	Teaching room	1. Facilitated discussion regarding the session	Appreciative Inquiry or Advocacy Inquiry

Time	Simulation team	Activity/simulation	Location	Student learning focus	Debriefing tool
	All students – large group discussion			guided by debriefing tool.	
<b>3:00pm</b>	<b>AFTERNOON TEA (15 minutes)</b>				
<b>3:15pm – 3:45pm</b>	Clinical educator  All students – large group discussion	<b>Progress note writing (Margie)</b> <ul style="list-style-type: none"> <li>Students to work in pairs to write initial chart entry (progress note) for Margie documenting results of <i>either</i> swallowing, speech or language screening assessments, (from simulations 5 and 6) recommendations and plan.</li> <li>Students are provided with an example progress note for an initial assessment session in the Day 3 student workbook.</li> </ul>	Teaching room	1. Progress note writing to document results of initial speech, language and swallowing assessments in the acute setting.	
<b>3:45pm – 4:30pm</b>	Clinical educator	<b>Preparation for Day 4:</b> <ul style="list-style-type: none"> <li>Inpatient acute ward (simulation lab if available).</li> <li>Clinical educator allocates each student pair with 1 x patient case for Day 4 morning sessions.</li> </ul> <p><b>Statistics:</b> Students document stats from Day 3 in workbook.</p>	Teaching room	1. Document statistics. 2. Identification of key information from medical chart. 3. Practice / role play with pair in hospital ward for Day 4 morning sessions.	
<b>4:30pm</b>		<b>Close of Day 3</b>			

SIMULATION 5: Mrs Margaret (Margie) Henderson

<p>Patient information</p>	<ul style="list-style-type: none"> <li>• Margaret (Margie) is a 66 year old woman from Middleton who suffered a left stroke 2 days ago.</li> <li>• Her husband, John, found her at home unconscious on the kitchen floor when he returned from the bowls club.</li> <li>• Margie was brought into the Emergency Department of the National Simulation Health Service (NSHS) by ambulance.</li> <li>• On admission Margie has had a CT scan that confirmed the stroke.</li> <li>• In emergency, the nursing staff determined that she was unable to eat and drink safely so they inserted a NGT.</li> <li>• Margie was then admitted to the Acute Stroke Unit (ASU).</li> <li>• Speech pathology have attempted to assess Margie’s swallow and communication however she has been too drowsy.</li> <li>• 1 day ago Margie has become more awake and her NGT was dislodged so was removed overnight.</li> <li>• Nursing staff contacted speech pathology and advised that Margie’s NGT had become dislodged and removed.</li> <li>• Margie was placed NBM (NBM) by the nursing staff and is awaiting a review by the speech pathologist.</li> </ul>
<p>Overview of the simulation</p> <p>Pause-discuss</p>	<p>This scenario is set with the student clinicians to attend the bedside to conduct a clinical swallowing examination with Margie. She has not met the student clinicians before. The student clinicians will receive a handover from Anna, the duty nurse, before seeing Margie. Anna notifies the student clinicians that the medical team will be conducting a ward round and will need to review Margie at 11:00am. Anna then returns to the room at the end of the assessment to receive a handover from the speech pathology student clinicians regarding any changes to Margie’s care.</p> <p>Margie presents with characteristics of expressive and receptive aphasia, oropharyngeal dysphagia and dysarthria.</p> <p>The student clinicians are required to:</p> <ol style="list-style-type: none"> <li>1. Assess Margie’s swallowing function to see if she is safe to commence eating and drinking.</li> <li>2. Determine and place Margie on the appropriate modified diet and fluids as a result of the assessment findings.</li> <li>3. Communicate the results of the swallowing assessment to Margie and Anna, the nurse on duty.</li> </ol> <p>The student clinicians will have 1 hr and 20 mins to conduct the session.</p>



<p>Setting</p>	   <p>Margie will be in bed with an IV drip in situ of the back of her right hand.</p>
<p>Learning objectives</p>	<p>After participation in this clinical simulation, students will be able to:</p> <ol style="list-style-type: none"> <li>1. Effectively conduct an appropriate clinical bedside screening assessment of oromotor/cranial nerve and swallowing function, and to determine safety for oral intake.</li> <li>2. Effectively communicate and provide information to Margie and nursing staff regarding Margie's current swallowing status and safety requirements for oral intake.</li> </ol>
<p>Debriefing model/s</p>	<p>Appreciative Inquiry or Advocacy Inquiry</p>

Patient information	
Name	Margaret (Margie) Henderson
Age	66 years
Address	19 Harold Street, Middleton
Occupation	<ul style="list-style-type: none"> <li>• Margie does not work but is very involved with her local community.</li> <li>• Well respected member of the community.</li> </ul>
Personality	<ul style="list-style-type: none"> <li>• Social, pleasant wife, mother and grandmother.</li> <li>• She loves spending time with her family.</li> <li>• She enjoys socialising with her friends.</li> </ul>
Family	<ul style="list-style-type: none"> <li>• Husband (John Henderson). They have been married for 35 years.</li> <li>• Together they have 2 children (1 daughter and 1 son) who are both married with children.</li> <li>• Margie and John have 5 grandsons and are very involved with their lives.</li> <li>• Margie has a very supportive husband and family.</li> </ul>
Hobbies	<ul style="list-style-type: none"> <li>• She is active in the community.</li> <li>• Attends church each Sunday.</li> <li>• She co-ordinates the church knitting group.</li> <li>• Margie volunteers for meals on wheels twice a week.</li> </ul>
Medical history	<ul style="list-style-type: none"> <li>• Margie has never been in hospital before except for the birth of her children.</li> <li>• Doesn't do any regular scheduled exercise but keeps busy taking grandchildren to the park or picking them up from school.</li> <li>• Recently diagnosed by her GP with high blood pressure.</li> <li>• GP has prescribed her with Coversyl to manage the high blood pressure.</li> <li>• She takes 1 tablet each morning.</li> <li>• Previously tolerated a normal diet and thin fluids.</li> </ul>

<b>Debriefing Simulation 5</b>			
<b>Intended learning outcomes</b>	<b>Debriefing tool</b>	<b>Clinical educator prompts</b>	<b>Feedback / notes</b>
<p>After participation in this clinical simulation, students will be able to:</p> <ol style="list-style-type: none"> <li>1. Effectively conduct an appropriate clinical bedside screening assessment of oromotor and swallowing function, and to determine safety for oral intake.</li> <li>2. Effectively communicate and provide information to Margie and nursing staff regarding Margie's current swallowing status and safety requirements for oral intake.</li> </ol>	<p><b>Appreciative Inquiry</b> 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 focuses on doing more of this.</p>	<p><b>Thinking about that simulation</b></p> <ul style="list-style-type: none"> <li>• Tell me what worked really well in that simulation?</li> <li>• What did you as a person, or you as a group do well?</li> <li>• What made it work well?</li> <li>• Describe a specific time when you felt you/your group performed really well. What were the circumstances during that time?</li> <li>• What do you think contributed to this working so well?</li> <li>• Do you have some ideas about how you could use/do more (<i>what worked well</i>) within your clinical practice?</li> </ul>	
OR			
	<p><b>Advocacy inquiry</b> This approach is based on <b>advocacy</b> from the facilitator in the form of objective observation and <b>inquiry</b> which explores with the learner what happened in a curious way before thinking about positive ways forward.</p>	<p><b>Thinking about that simulation</b></p> <ul style="list-style-type: none"> <li>• How did that feel?</li> <li>• Can you summarise what your simulation was about so we are all on the same page?</li> <li>• I observed you (group or individual) doing.....</li> <li>• I was really comfortable with this because .....</li> </ul>	

<b>Debriefing Simulation 5</b>			
Intended learning outcomes	Debriefing tool	Clinical educator prompts	Feedback / notes
		<p>OR</p> <ul style="list-style-type: none"> <li>• I was concerned about this ... because .....</li> <li>• Tell me why ... happened? Help me understand why ... happened?</li> <li>• (Ask the group for input) Has this happened to anyone else?</li> <li>• (Brainstorm solutions) How have you dealt with this in the past? Can anyone think of any solutions or strategies?</li> </ul> <p>Summary and wrap up In summary, today we learned about .....</p>	
<b>Clinical educator self-evaluation at conclusion of simulation</b>			
<ol style="list-style-type: none"> <li>1. What worked well with this simulation?</li> <li>2. What didn't work well with this simulation?</li> <li>3. How was the timing for this simulation?</li> <li>4. What would you do differently next time?</li> </ol>			

## SIMULATION 6: Mrs Margaret (Margie) Henderson

<p>Overview of the simulation</p> <p>Pause-discuss</p>	<p>This scenario is set whereby the student clinicians have met Margie earlier this morning and have conducted a swallowing assessment with her. The session was interrupted as the medical team needed to review Margie. Margie remembers the student clinicians from earlier in the morning.</p> <p>Student clinicians will attend the bedside to conduct speech and language screening assessments with the patient and communicate the results to the duty nurse, Anna. They will also be required to document the results of the speech and language screening assessments in the medical chart (<i>after the simulation has been completed</i>).</p> <p>Margie presents with characteristics of expressive and receptive aphasia, oropharyngeal dysphagia and dysarthria.</p> <p>The student clinicians are required to:</p> <ol style="list-style-type: none"> <li>1. Complete an informal screening assessment of Margie’s speech and language.</li> <li>2. Communicate the results of the speech and language assessment to Margie, and her nurse, Anna.</li> <li>3. Complete written progress notes for the results of the swallowing, speech and language assessments (<i>following the simulation</i>).</li> </ol> <p>Student clinicians will have approx. 1hr and 30 mins to conduct the session.</p>
<p>Setting</p>	<p>As per Simulation 5 setup</p>
<p>Learning objectives</p>	<p>After participation in this clinical simulation, students will be able to:</p> <ol style="list-style-type: none"> <li>1. Effectively administer an appropriate clinical bedside screening assessment of speech and language.</li> <li>2. Effectively communicate and provide information to nursing staff regarding Margie’s current speech and language status.</li> <li>3. Provide appropriate communication strategies to use with Margie to help facilitate her communication exchange.</li> </ol>
<p>Debriefing model/s</p>	<p>Appreciative Inquiry or Advocacy Inquiry</p>

Debriefing Simulation 6			
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"> <li>1. Effectively administer an appropriate clinical bedside screening assessment of speech and language.</li> <li>2. Effectively communicate and provide information to nursing staff regarding Margie's current speech and language status.</li> <li>3. Provide appropriate communication strategies to use with Margie to help facilitate her communication exchange.</li> </ol>	<p><b>Appreciative Inquiry</b> 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 focuses on doing more of this.</p>	<p><b>Thinking about that simulation</b></p> <ul style="list-style-type: none"> <li>• Tell me what worked really well in that simulation?</li> <li>• What did you as a person, or you as a group do well?</li> <li>• What made it work well?</li> <li>• Describe a specific time when you felt you/your group performed really well. What were the circumstances during that time?</li> <li>• What do you think contributed to this working so well?</li> <li>• Do you have some ideas about how you could use/do more (<i>what worked well</i>) within your clinical practice?</li> </ul>	
OR			
	<p><b>Advocacy inquiry</b> This approach is based on <b>advocacy</b> from the facilitator in the form of objective observation and <b>inquiry</b> which explores with the learner what happened in a curious way before thinking about positive ways forward.</p>	<p><b>Thinking about that simulation</b></p> <ul style="list-style-type: none"> <li>• How did that feel?</li> <li>• Can you summarise what your simulation was about so we are all on the same page?</li> <li>• I observed you (group or individual) doing.....</li> <li>• I was really comfortable with this because .....</li> </ul>	

Debriefing Simulation 6			
Intended learning outcomes	Debriefing tool	Clinical educator prompts	Feedback / notes
		<p>OR</p> <ul style="list-style-type: none"> <li>• I was concerned about this ... because .....</li> <li>• Tell me why ... happened? Help me understand why ... happened?</li> <li>• (Ask the group for input) Has this happened to anyone else?</li> <li>• (Brainstorm solutions) How have you dealt with this in the past? Can anyone think of any solutions or strategies?</li> </ul> <p>Summary and wrap up In summary, today we learned about .....</p>	
Clinical educator self-evaluation at conclusion of simulation			
<ol style="list-style-type: none"> <li>1. What worked well with this simulation?</li> <li>2. What didn't work well with this simulation?</li> <li>3. How was the timing for this simulation?</li> <li>4. What would you do differently next time?</li> </ol>			



# THERAPY RESOURCES

- Clinical swallow examination
- Basic language screener
- Informal motor speech assessment
  - dysarthria and apraxia of speech





## CLINICAL SWALLOW EXAMINATION (CSE)

Patient: \_\_\_\_\_ URN: \_\_\_\_\_ Date of assessment: \_\_\_\_\_ Assessor: \_\_\_\_\_

### Observations/Review of End of bed chart

#### Current diet/nutritional status:

- Diet** – general or modified
- Nil by Mouth** awaiting SP review
- Non-oral feeding:** e.g. nasogastric tube (NGT), nasojejunal tube (NJT), percutaneous endoscopic gastrostomy (PEG), percutaneous endoscopic jejunostomy (PEJ), intravenous fluids (IV fluids), total parenteral nutrition (TPN).

<b>Level of Alertness</b>	<input type="checkbox"/> Alert and stable <input type="checkbox"/> Responsive	<input type="checkbox"/> Drowsy but rousable <input type="checkbox"/> Fluctuating alertness <input type="checkbox"/> Fatigued during session	<input type="checkbox"/> Non-responsive/unable to be roused
<b>Behaviour</b>	<input type="checkbox"/> Cooperative <input type="checkbox"/> Non cooperative	<input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive	<input type="checkbox"/> Unable to maintain attention
<b>Positioning</b>	<input type="checkbox"/> Lying in bed (LIB) <input type="checkbox"/> Resting in bed (RIB)	<input type="checkbox"/> Sitting upright in bed (SUIB) <input type="checkbox"/> Sitting out of bed (SOOB)	<input type="checkbox"/> Difficulty establishing appropriate posture (e.g. poor head control/sitting balance/staff required to assist)
<b>Hearing/sight</b>	<input type="checkbox"/> Glasses <i>Details:</i>	<input type="checkbox"/> Hearing adequate <input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Wearing hearing aids <input type="checkbox"/> No hearing aids
<b>Dentition/oral hygiene</b>	<input type="checkbox"/> Natural dentition <i>Details:</i>	<input type="checkbox"/> Dentures <i>Details:</i>	<i>Oral hygiene</i>
<b>Respiratory Status</b>	SpO <sub>2</sub> _____ Respiratory Rate (RR) _____ Please select from the below: <input type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> via NC (nasal cannula) _____ <input type="checkbox"/> FiO <sub>2</sub> _____		
<b>Communication</b>	Language spoken: _____ Interpreter required? Yes / No  Is the patient able to follow basic instructions?  Can the patient functionally communicate their needs/wants? E.g., pain, hunger, thirst, need for the toilet etc.  Are there any concerns regarding the patient’s communication skills? If yes, provide details: <input type="checkbox"/> dysarthria <input type="checkbox"/> dysphonia <input type="checkbox"/> dyspraxia <input type="checkbox"/> AAC user <i>Details:</i> _____ <input type="checkbox"/> Other? <i>Specify:</i> _____  Is there a need for further assessment of this patient’s communication skills? Provide details: _____		



**Oromotor / cranial nerve assessment**

Cranial Nerve	Observations	Comments/Notes <i>**Strength, Symmetry, Speed, ROM, Coordination**</i>
<p><b>CNV</b>  Trigeminal</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Jaw opening / closing</li> <li><input type="checkbox"/> Jaw opening / closing with resistance</li> <li><input type="checkbox"/> Jaw strength</li> <li><input type="checkbox"/> Lateral movement of jaw</li> </ul>	
<p><b>CNVII</b>  Facial</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Facial symmetry at rest</li> <li><input type="checkbox"/> Raise / lower eyebrows</li> <li><input type="checkbox"/> Close / open eyes</li> <li><input type="checkbox"/> Frown</li> <li><input type="checkbox"/> Lips protrusion (kiss)</li> <li><input type="checkbox"/> Lips retraction (smile)</li> <li><input type="checkbox"/> SMR protrusion / retraction of lips (oo-ee)</li> <li><input type="checkbox"/> Lip seal (puff cheeks and hold air)</li> </ul>	
<p><b>CNIX, CNX</b>  Glossopharyngeal and Vagus</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Soft palate elevation ("ah")</li> <li><input type="checkbox"/> Vocal quality</li> <li><input type="checkbox"/> Volitional cough</li> <li><input type="checkbox"/> Dry swallow</li> <li><input type="checkbox"/> Breath support</li> </ul>	
<p><b>CNXII</b>  Hypoglossal</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Tongue at rest</li> <li><input type="checkbox"/> Tongue protrusion</li> <li><input type="checkbox"/> Tongue lateralisation</li> <li><input type="checkbox"/> Lateralisation with resistance</li> <li><input type="checkbox"/> Tongue elevation (nose)</li> <li><input type="checkbox"/> Tongue depression (chin)</li> <li><input type="checkbox"/> Elevation / depression SMR</li> <li><input type="checkbox"/> Tongue ROM (lick lips)</li> <li><input type="checkbox"/> DDK</li> </ul>	

**Other comments:**

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**Swallowing assessment**

<b>Current nutritional status</b>	<input type="checkbox"/> Oral diet <i>Details:</i>	<input type="checkbox"/> NBM (nil by mouth)	Alternative feeding: <input type="checkbox"/> NGT / NJT <input type="checkbox"/> PEG / PEJ <input type="checkbox"/> TPN
<b>Consistencies trialled</b>	<input type="checkbox"/> Thin fluids <input type="checkbox"/> Mildly thick fluids <input type="checkbox"/> Moderately thick fluids <input type="checkbox"/> Extremely thick fluids	<input type="checkbox"/> Normal diet <input type="checkbox"/> Soft diet <input type="checkbox"/> Minced-moist diet <input type="checkbox"/> Puree diet	<input type="checkbox"/> Single sips <input type="checkbox"/> Continuous drinking <input type="checkbox"/> Mixed consistencies <input type="checkbox"/> Other:
<b>Other information</b>	<b>Quantity trialled:</b> <i>Details:</i>	<b>Rate of intake:</b> <input type="checkbox"/> Adequate <input type="checkbox"/> Slow <input type="checkbox"/> Too fast <i>Details:</i>	<b>Independence with feeding:</b> <input type="checkbox"/> Self-feeding <input type="checkbox"/> Requires assistance <i>Details:</i>

Phase of swallow	Parameters to observe/assess	Comments/Notes
<b>Oral</b>	<ul style="list-style-type: none"> <li>• Lip seal</li> <li>• Oral manipulation / control of bolus</li> <li>• Mastication of solids</li> <li>• Oral preparation / transit time</li> <li>• Nasal regurgitation</li> <li>• Oral residue post swallow</li> </ul>	Location of residue _____ Prompt required to clear? Yes / no; Effective Y/N
<b>Pharyngeal</b>	<ul style="list-style-type: none"> <li>• Swallow initiation / trigger</li> <li>• Number of swallows per bolus</li> <li>• Hyolaryngeal excursion</li> <li>• Breath-swallow synchrony</li> <li>• Vocal changes post swallow (i.e. wet voice)</li> <li>• Airway protection i.e., Cough/throat clear – is it immediate or delayed.</li> </ul>	

Were any compensatory swallow strategies trialled?

Yes     No

Details:

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Other comments:

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**Summary of findings**

**Dysphagia:**     Nil                             Oral Phase                             Pharyngeal Phase

**Severity:**     Mild                             Moderate                             Severe

**Dysphagia characterised by:**

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**Patient at risk of aspiration:**                     Yes                             No

Details:

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**Recommendations**

NBM             Referrals required: \_\_\_\_\_

Oral diet     Fluids: \_\_\_\_\_     Diet: \_\_\_\_\_

Safe swallow/compensatory strategies:

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Instrumental assessment required?

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Swallow rehabilitation plan:

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## BASIC LANGUAGE SCREENER

Patient: \_\_\_\_\_ URN: \_\_\_\_\_ Date of assessment: \_\_\_\_\_ Assessor: \_\_\_\_\_

### AUDITORY COMPREHENSION

**Yes / No Questions:** I'm going to ask you some questions. Answer yes or no (*responses may be verbal or gestural*).

Personal			Abstract		
Is your name Jeff / Jess?	1	0	Does it snow in winter?	1	0
Do you live in <insert correct town or suburb>?	1	0	Are circles round?	1	0
Is there a television in the room?	1	0	Is this a hotel?	1	0
Are you in hospital?	1	0	Can a car fly?	1	0
Are you awake?	1	0	Does April come before October?	1	0
Personal score:			Abstract score		
TOTAL SCORE (personal + abstract): _____/10					

**Single word comprehension:** I'm going to ask you to point to some objects in the room.

Floor \_\_\_\_\_ Light \_\_\_\_\_ Chair \_\_\_\_\_  
 Ceiling \_\_\_\_\_ Pillow \_\_\_\_\_

**Score \_\_\_\_\_ / 5**

**One stage commands:** I'm going to ask you to do some things. Please listen to the whole instruction before you start.

Raise your arm \_\_\_\_\_ Touch your nose \_\_\_\_\_  
 Shake your head \_\_\_\_\_ Lick your lips \_\_\_\_\_

**Score \_\_\_\_\_ / 4**

**Two stage and sequential commands:** I'm going to ask you to do some things. Please listen to the whole instruction before you start.

Point to the ceiling and then to the floor \_\_\_\_\_  
 Before clapping your hands, close your eyes \_\_\_\_\_  
 After you touch your nose, touch the bed \_\_\_\_\_

**Score \_\_\_\_\_ / 3**



**Complex commands (if appropriate):**

Tap the chair twice with a clenched fist, while looking at the ceiling \_\_\_\_\_

Blink your eyes twice, then point to the ceiling and then the door \_\_\_\_\_

Score \_\_\_\_\_ / 2

**VERBAL EXPRESSION**

**Automatic Speech:** Can you tell me your...

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Score \_\_\_\_\_ / 2

**Connected speech:**

*Can you tell me a bit about your family?*

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*What is/was your occupation?*

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**Serial speech:** Can you...

Count from 1 to 20: \_\_\_\_\_

Say the days of the week: \_\_\_\_\_

Say the months of the year: \_\_\_\_\_

Score \_\_\_\_\_ / 3



### Naming

Confrontation (object): Locate/point to the following objects in the hospital room and asked the patient 'What is the name for this?'

1. Pen \_\_\_\_\_
2. Bed \_\_\_\_\_
3. Cup/Mug \_\_\_\_\_
4. Light \_\_\_\_\_
5. Chair \_\_\_\_\_

Description: I am going to describe an object. I want you to name the object that I am describing.

1. What do we drink with? \_\_\_\_\_
2. What do we clean our teeth with? \_\_\_\_\_
3. What do we tell the time with? \_\_\_\_\_
4. What do we sleep in? \_\_\_\_\_
5. What do we write with? \_\_\_\_\_

Score \_\_\_\_\_ / 10

### Phrase/sentence completion:

Can you finish these sentences for me?

1. Up and \_\_\_\_\_
2. Left and \_\_\_\_\_
3. Boys and \_\_\_\_\_
4. Shut the \_\_\_\_\_
5. The grass is \_\_\_\_\_

Score \_\_\_\_\_ / 5

### Repetition

#### Words:

Say these words after me...

1. apple \_\_\_\_\_
2. sun \_\_\_\_\_
3. plant \_\_\_\_\_
4. table \_\_\_\_\_
5. hospital \_\_\_\_\_

Score \_\_\_\_\_ / 5



Phrases/ sentences:

Say these phrases after me...

1. The plane was fast \_\_\_\_\_
2. Pick up the phone \_\_\_\_\_
3. Roses are red, violets are blue \_\_\_\_\_
4. Do you know what the day is? \_\_\_\_\_
5. Along the river, there was a little brown cottage \_\_\_\_\_

Score \_\_\_\_ / 5

**Picture description:**

Look at this picture (use attached stimulus sheet). Tell me what is going on in this picture.

<transcribe patient response here>





**READING COMPREHENSION** (use attached stimulus sheet)

Please read these instructions and follow them.

Point to your:

- 1. nose \_\_\_\_\_
- 2. bed \_\_\_\_\_
- 3. door \_\_\_\_\_
- 4. ceiling \_\_\_\_\_
- 5. television \_\_\_\_\_

Complete the following:

- 6. touch your nose \_\_\_\_\_
- 7. wave your hand \_\_\_\_\_
- 8. shake your head \_\_\_\_\_
- 9. touch your ear and you knee \_\_\_\_\_
- 10. close your eyes and tap your leg \_\_\_\_\_

Score \_\_\_\_ / 10

**WRITTEN EXPRESSION** (use the attached writing subtest response forms)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Score \_\_\_\_ / 2

Copying

C \_\_\_\_\_ O \_\_\_\_\_ A \_\_\_\_\_ F \_\_\_\_\_ Y \_\_\_\_\_

car \_\_\_\_\_

bottle \_\_\_\_\_

fly to the moon \_\_\_\_\_

Score \_\_\_\_ / 8

Dictation:

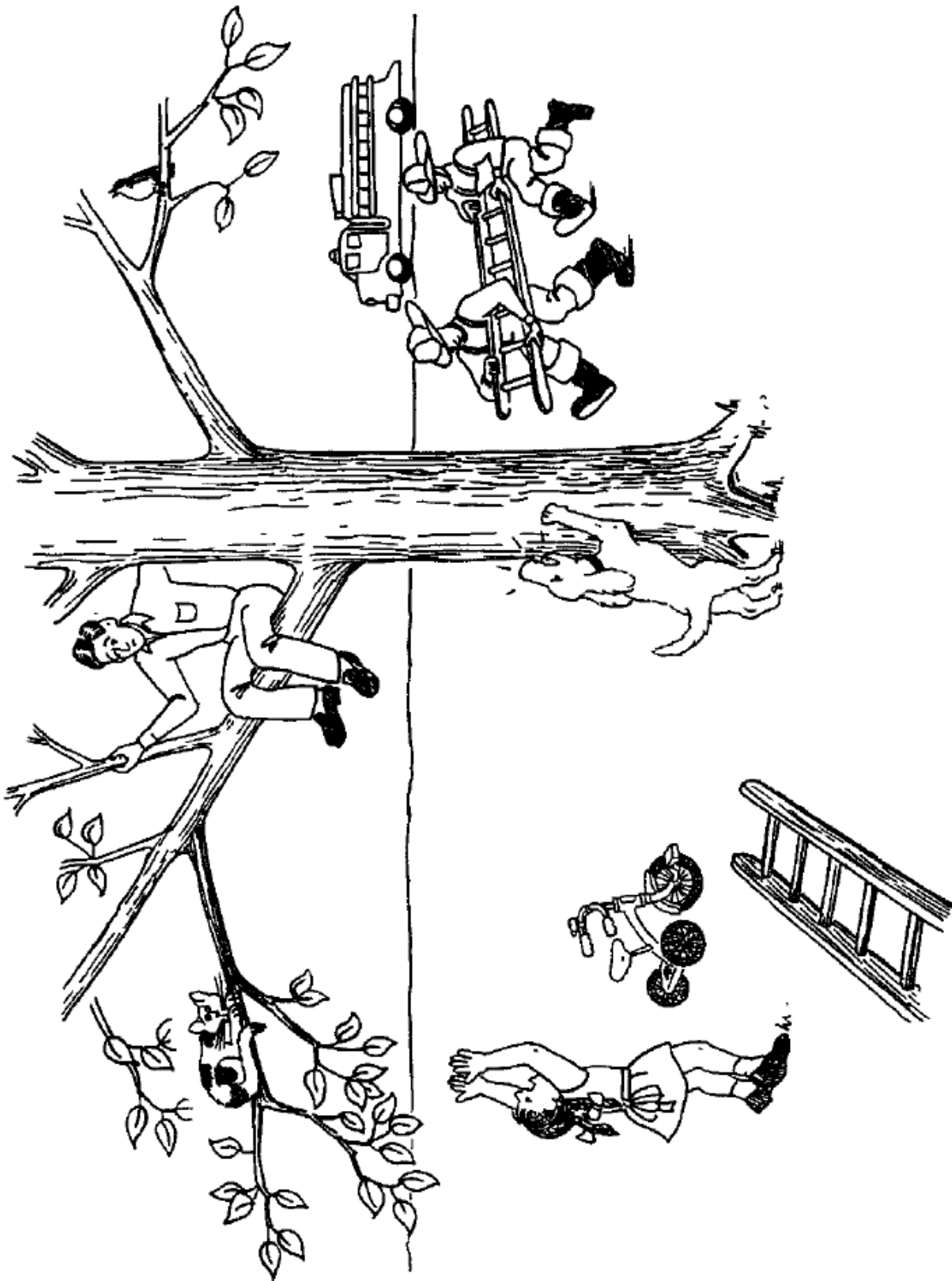
P \_\_\_\_\_ M \_\_\_\_\_ R \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_

pen \_\_\_\_\_

pillow \_\_\_\_\_

jump up and down \_\_\_\_\_

Score \_\_\_\_ / 8





Read and follow these instructions:

Point to your nose

Point to the bed

Point to the chair

Point to the ceiling

Point to the pillow

Touch your nose

Wave your hand

Shake your head

Touch your ear and you knee

Close your eyes and clap your hands



## Written expression response form

My name is:

---

My address is:

---

---

---

**Copy these:**

C \_\_\_\_\_

F \_\_\_\_\_

O \_\_\_\_\_

Y \_\_\_\_\_

A \_\_\_\_\_

car \_\_\_\_\_

bottle \_\_\_\_\_

fly to the moon \_\_\_\_\_

Letters:

1. \_\_\_\_\_

2. \_\_\_\_\_



3. \_\_\_\_\_

4. \_\_\_\_\_

### Words/phrases:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



## INFORMAL MOTOR SPEECH ASSESSMENT – DYSARTHRIA & APRAXIA

Patient: \_\_\_\_\_ URN: \_\_\_\_\_ Date of assessment: \_\_\_\_\_ Assessor: \_\_\_\_\_

### Assessment of cranial nerve function

- Obtain information regarding: symmetry, strength, range, speed and coordination of orofacial movements.
- Observe musculature: at rest, during movement, during sustained postures, reflexive movements as appropriate.

<u>Cranial nerve:</u>	<u>Observation:</u>
V	
VII	
IX, X	
XII	

### Vowel prolongation

Instruction to patient: *Take a deep breath and say 'Ah' for as long and as steadily as you can, until you run out of air.*

- Time \_\_\_\_\_ (seconds)
- Observe: Pitch, loudness, vocal quality, jaw, face, tongue and neck.

Normative Data: maximum duration of sustained phonation "ah"

Age group	Ages (years)	Mean (seconds)	SD
Male young children	3 -4	8.95	2.16
Male children	5 – 12	17.74	4.14
Male adults	13 – 65	25.89	7.41
Male seniors	65+	14.68	6.25
Female young children	3 - 4	7.5	1.80
Female children	5 – 12	14.97	3.87
Female adults	13 – 65	21.34	5.66
Female seniors	65+	13.55	5.70

(Colton & Casper, 2006)



### Motion rate tasks

Instruction to patient: 'Take a breath and repeat \_\_\_\_\_ for as long and as steadily as you can'.

- Observe speed, range, coordination and regularity of movements (articulatory of lips and jaw) and presence of interruptions or extraneous movements.

p<sup>^</sup>p<sup>^</sup>p<sup>^</sup>... \_\_\_\_\_

k<sup>^</sup>k<sup>^</sup>k<sup>^</sup>... \_\_\_\_\_

t<sup>^</sup>t<sup>^</sup>t<sup>^</sup>... \_\_\_\_\_

p<sup>^</sup>t<sup>^</sup>k<sup>^</sup>... \_\_\_\_\_

NB: If patient has difficulty with p<sup>^</sup>t<sup>^</sup>k<sup>^</sup>p<sup>^</sup>t<sup>^</sup>k<sup>^</sup> substitute with 'buttercup, buttercup'.

Normative data:

Motion Rate Task:	Median syllables per second:
/p <sup>^</sup> p <sup>^</sup> p <sup>^</sup> .../	6.3 (SD 0.7)
/t <sup>^</sup> t <sup>^</sup> t <sup>^</sup> .../	6.2 (SD 0.8)
/k <sup>^</sup> k <sup>^</sup> k <sup>^</sup> .../	5.8 (SD 0.8)
/p <sup>^</sup> t <sup>^</sup> k <sup>^</sup> .../	5.0 (SD 0.7)

(Taken from Duffy, 2005)

Motion Rate Task:	Mean syllables per second:	
	Males	Females
<b>65-74 years</b>		
/p <sup>^</sup> p <sup>^</sup> p <sup>^</sup> .../	6.9 (SD 0.81)	6.3 (0.69)
/t <sup>^</sup> t <sup>^</sup> t <sup>^</sup> .../	6.8 (SD 0.43)	5.9 (SD 1.00)
/k <sup>^</sup> k <sup>^</sup> k <sup>^</sup> .../	6.3 (SD 0.75)	5.6 (SD 1.03)
/p <sup>^</sup> t <sup>^</sup> k <sup>^</sup> .../	6.1 (SD 5.4)	5.9 (SD 1.09)

Motion Rate Task:	Mean syllables per second:	
	Males	Females
<b>74-86 years</b>		
/p <sup>^</sup> p <sup>^</sup> p <sup>^</sup> .../	6.7 (SD 0.74)	5.9 (1.02)
/t <sup>^</sup> t <sup>^</sup> t <sup>^</sup> .../	6.4 (SD 1.08)	5.9 (SD 0.87)
/k <sup>^</sup> k <sup>^</sup> k <sup>^</sup> .../	5.8 (SD 1.17)	5.2 (SD 1.06)
/p <sup>^</sup> t <sup>^</sup> k <sup>^</sup> .../	5.4 (SD 1.67)	5.7 (SD 0.69)

(Taken from Pierce, Cotton & Perry, 2013)



## CONNECTED SPEECH

### *Conversational / discourse analysis*

Possible topics to elicit discussion:

- What brought you to hospital?
- What are your concerns with your speech?
- Where have you been to on holidays?
- Please tell me about the place where you were born / grew up?
- Hobbies/interests
- Tell me about your family

<transcribe response here>

### **Grandfather passage** (Darly et al., 1975)

Instruction to patient: *Read the following story out loud* (use attached Grandfather Passage)

Comments:

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Note:

- Approximate time to read aloud by normal speakers with normal reading skills: 35-45 seconds.
- Number of words in passage: 115 words.





**Dysarthria Rating Scale**

(Modified from Mayo Clinic in Duffy, 2005)

Rate speech by assigning a value of 0-4 to each of the dimensions listed below.

0 = Normal | 1 = Mild | 2 = Moderate | 3 = Marked | 4 = Severely Deviant

*\*\*May be appropriate to use +/- to indicate in-between ratings.*

Dimension	Element	Rating	Dimension	Element	Rating	
PITCH	Pitch level (+/-)		RESPIRATION	Forced inspiration-expiration		
	Pitch breaks			Audible inspiration		
	Mono pitch			Inhalatory stridor		
	Voice tremor			Grunt at end of expiration		
	Myoclonus			Rate		
	Diplophonia			Short phrases		
LOUDNESS	Mono loud		PROSODY	Increased rate in segments		
	Excess loudness variation			Increased rate overall		
	Loudness decay			Reduced stress		
	Alternating loudness			Variable rate		
	Overall loudness (+/-)			Prolonged intervals		
VOICE QUALITY	Harsh voice			ARTICULATION	Inappropriate silences	
	Hoarse (wet) voice				Short rushes of speech	
	Continuously breathy				Excess and equal stress	
	Transiently breathy				Imprecise consonants	
	Strained strangled				Prolonged consonants	
	Voice stoppages		Repeated phonemes			
	Flutter		Irregular articulatory breakdowns			
OTHER	Slow alternating motion rate (AMR)		RESONANCE & INTRAORAL PRESSURE	Distorted vowels		
	Fast AMR			Hypernasality		
	Irregular AMR			Hyponasality		
	Simple vocal tics			Nasal emission		
	Palilalia			Weak pressure		
	Coprolalia			Consonants		



**Grandfather passage** (*Darby et al, 1975*)

**Read the following story aloud:**

You wish to know all about my grandfather. Well he is nearly 93 years old, yet he still thinks as swiftly as ever. He dresses himself in an old black frock coat, usually with several buttons missing. A long beard clings to his chin, giving those who observe him a pronounced feeling of the utmost respect. Twice each day he plays skilfully and with zest upon a small organ. Except in the winter when the snow or ice prevents, he slowly takes a short walk in the open air each day.

We have often urged him to walk more and smoke less, but he always answers, “Banana oil!” Grandfather likes to be modern in his language.



## Tests for Apraxia of Speech (AOS) and Oral Apraxia

(Taken from Mayo Clinic Apraxia Screener, Wetz et al., 2005)

### 1. Repeat:

/a/ \_\_\_\_\_

/o/ \_\_\_\_\_

/i/ \_\_\_\_\_

/u/ \_\_\_\_\_

/ɛ/ \_\_\_\_\_

/au/ \_\_\_\_\_

/aɪ/ \_\_\_\_\_

/eɪ/ \_\_\_\_\_

/ɔɪ/ \_\_\_\_\_

/m/ \_\_\_\_\_

/p/ \_\_\_\_\_

/b/ \_\_\_\_\_

/n/ \_\_\_\_\_

/t/ \_\_\_\_\_

/d/ \_\_\_\_\_

/k/ \_\_\_\_\_

/g/ \_\_\_\_\_

/f/ \_\_\_\_\_

/s/ \_\_\_\_\_

/z/ \_\_\_\_\_

/ʃ/ \_\_\_\_\_

/ʒ/ \_\_\_\_\_

/tʃ/ \_\_\_\_\_

/dʒ/ \_\_\_\_\_

### 2. Name the days of the week

Sunday \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

### 3. Repeat:

mum \_\_\_\_\_

peep \_\_\_\_\_

bib \_\_\_\_\_

nine \_\_\_\_\_

tote \_\_\_\_\_

dad \_\_\_\_\_

coke \_\_\_\_\_

gag \_\_\_\_\_

fife \_\_\_\_\_

sis \_\_\_\_\_

zoos \_\_\_\_\_

shush \_\_\_\_\_

church \_\_\_\_\_

judge \_\_\_\_\_

lull \_\_\_\_\_



4. Repeat rapidly: (equal stress? Yes / No)
- Snowman \_\_\_\_\_
- Several \_\_\_\_\_
- Tornado \_\_\_\_\_
- Gingerbread \_\_\_\_\_
- Artillery \_\_\_\_\_
- Catastrophe \_\_\_\_\_
- Impossibility \_\_\_\_\_
- Statistical analysis \_\_\_\_\_
- Methodist Episcopal Church \_\_\_\_\_

- zip – zipper – zippering \_\_\_\_\_
- please – pleasing – pleasingly \_\_\_\_\_
- sit – city – citizen – citizenship \_\_\_\_\_
- cat – catnip – catapult – catastrophe \_\_\_\_\_
- door – doorknob – doorkeeper – dormitory \_\_\_\_\_

- The valuable watch was missing \_\_\_\_\_
- In the summer they sell vegetables \_\_\_\_\_
- The shipwreck washed up on the shore \_\_\_\_\_
- Please put the groceries in the refrigerator \_\_\_\_\_

#### References/recommended reading:

1. Chapter 6, Rehabilitation pp. 79-95 of the Clinical Guidelines for Stroke Management 2010, National Stroke Foundation <http://www.strokefoundation.com.au/clinical-guidelines>
2. Section titled “Distinguishing among the Dysarthrias” (p357-363) in Chapter 15 of the Online version of Duffy, J.R. (2013). *Motor speech disorders: Substrates, differential diagnosis and management*. 3rd edition. St. Louis: Mosby. (Get via UQ library)
3. Sections (listed below) from: Murray, L., & Clark, H. (2006). *Neurogenic disorders of language: Theory driven clinical practice*. Clifton Park, NY: Thomson Delmar Learning.
  - “Aphasia” pp 25-38 (Chapter 2)
  - “The Team” pp 88-92 (Chapter 4)
  - “General Assessment Procedures” pp 92-108 (Chapter 4)
4. Colton, R.H., & Casper, J. (2006). *Understanding Voice Problems: A Physiological Perspective for Diagnosis and Treatment*. Baltimore, MD: Lippincott Williams & Wilkins.



5. Darly, F.I., Aronson, A.E., & Brown, J.R. (1975). *Motor Speech Disorders*. Philadelphia: W.B. Saunders.
6. Duffy, J.R. (2005). *Motor Speech Disorders: Substrates, Differential Diagnosis and Management*. 2<sup>nd</sup> Ed. St Louis, Mo: Elsevier Mosby.
7. Pierce, J.E., Cotton, S., & Perry, A. (2013). Alternating and Sequential Motion Rates in Older Adults. *International Journal of Language and Communication Disorders*, 48(3), 257-264.
8. Wetz, R., LaPointe, L., Rosenbek, Grune, Stratton & Mayo Clinic (2005). Table 3.3 Tasks for assessing speech planning or programming capacity (apraxia of speech). In Duffy, J (2nd ed.). *Motor speech disorders: Substrates, Differential Diagnosis and Management* (pp. 95). St Louis, Missouri: Mayo Foundation for Medical Education Research.