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Simulation-based Learning Program

Clinical educator workbook: Day 5

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



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UNIVERSITY



Queensland, Australia



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Day 5 timetable - overview

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 Simulated patient feedback
12:30pm	End of Simulation Program activities
1:30pm	Close of Day 5

Day 5 Run Sheet

Time	Simulation team	Activity/simulation	Location	Student learning	Debriefing tool
8:30am-8:45am	Clinical educator	Stop-Keep-Start Debrief	Teaching Room	Students will reflect on experiences of simulation program so far and prepare for the final day of the program.	Stop-Keep-Start
8:45am – 9:00am	Clinical educator	General Preparation Time	Teaching room		
9:00am – 10:15am 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	Clinical educator Simulated patient (Jim) Simulated patient (Betty)	Simulation 12: Mr Jim and Mrs Betty Parker → <i>Immersion session with simulated patients.</i> <u>Simulation 12 case:</u> Mr Jim Parker. 70 yo Male. Inpatient Gen Med. UTI and Delirium. Dysphagia. Student pair will do discuss results of VFSS with Jim and Betty and outline recommendations for diet/fluids. Clinical educator will observe session and may utilise time in/out method as required. Other students <u>will not observe</u> and are able to use different workspace to rehearse/ prepare for Simulation	Discharge lounge Teaching room	<ol style="list-style-type: none"> 1. Communicate results of the VFSS assessment to client and partner / carer using appropriate lay language. 2. Make appropriate choices regarding food/fluid recommendations. 3. Clearly explain to a client how he will manage his dysphagia on return home. 	


Time	Simulation team	Activity/simulation	Location	Student learning	Debriefing tool
simulations between 9:00am and 11:30am however order may vary.		12 or Simulation 13 or complete debrief activities. Simulation timing: 75 mins simulation - each student pair has 15 mins with the simulated patients. Time has been allowed for changeover.			
10:15am – 11:30am	Clinical educator	Simulation 13: Case handover to clinical educator <u>Scenario:</u> As this is the final day at NSHS, the students will be required to provide their clinical educator with a case handover of a case that they have reviewed during the Simulation Program. Each student will present on one case individually and will have be advised as to which case they are presenting. <u>Student Task:</u> 1. Spend 2-3 minutes summarising the key points of a case including: presentation, diagnosis,	Simulated speech pathology department or hospital meeting room	<ol style="list-style-type: none"> 1. Communicate key points of familiar case including: general history, initial presentation, known diagnoses, assessment results, progress to date and current Tx/Mx plans. 2. Effectively communicate using oral communication skills during presentation to peers/colleagues. 3. Actively participate in structured group discussion of case 	

Time	Simulation team	Activity/simulation	Location	Student learning	Debriefing tool
		<p>interventions, impressions, recommendations and follow up plan.</p> <p>2. Discuss case with peers/clinical educator</p> <p>Simulation timing: 75 mins simulation</p>		management options for known/ familiar cases.	
11:30am – 12:30pm	<p>Clinical educator</p> <p>Simulated patient (Jim)</p> <p>Simulated patient (Betty)</p> <p>All students – large group discussion</p>	<p>Debrief Simulations 12 and 13</p> <ul style="list-style-type: none"> Complete debrief workbook activities <p>Simulated patient feedback Clinical educator to introduce simulated patient out of role to students for feedback.</p> <p>Simulated patient to provide feedback to all students using structured <i>Simulated Patient Feedback to Students</i> form.</p>	Teaching room		<p>Simulation 12: Appreciative Inquiry or Advocacy Inquiry</p> <p>Simulation 13: Plus Delta</p>
12:30pm- 1:30pm	Clinical educator.	<p>End of Simulation Program activities</p> <ul style="list-style-type: none"> Document Day 5 statistics. Final debrief. 	Teaching room		Stop-Keep-Start

Time	Simulation team	Activity/simulation	Location	Student learning	Debriefing tool
		<ul style="list-style-type: none"> • Discussion re: take home skills, transference of skills and transitioning to traditional clinics. • Question time. 			
1:30pm		Close of Day 5			

Stop-Keep-Start		
Debriefing tool	Clinical educator prompts	Feedback /notes
<p>Stop - Keep – Start</p> <p>Focusses attention on behaviours to</p> <ol style="list-style-type: none"> 1. Stop doing 2. Keep doing, and 3. Start doing 	<p>Can conduct this as a group, pair or individually:</p> <p>Reflect on your learning from the 3 days so far of the simulation week.</p> <ul style="list-style-type: none"> • Are there behaviours that you think you will stop doing? Have others advised this? • If you stop doing some behaviours, do you think this will open up the opportunity to try something new and different for the remainder of the simulation days? • Are there behaviours that you're doing right that you feel, and others feel you should do more of? • If you 'keep' these behaviours, how might this help your learning for the remainder of the simulation days? • What behaviours do you think you will start in the remainder of the simulation days? Have others suggested behaviours to start? Why do you think this is the case? What benefits do you think this will bring to your learning? 	

SIMULATION 12: Mr Jim & Mrs Betty Parker

<p>Overview of the simulation</p>	<ul style="list-style-type: none"> • Speech pathology have assessed Jim’s swallowing and found him to be requiring a modified diet and fluids to manage his suspected aspiration pneumonia. • Speech pathology have also requested a Videofluoroscopy Swallow Study (VFSS) to confirm the likelihood that he may be silently aspirating. • The medical team are happy with Jim’s current medical status as his UTI has almost resolved and so too has his confusion. • The medical team have advised Jim and Betty that he requires the report of the speech pathology assessment results and then he will be able to be discharged home. • The medical team did advise Jim and Betty that it will be likely that he will require a modified diet and fluids for a short period of time whilst at home but the speech pathologist will need to provide information and education regarding this. • Jim has not had any previous history of dysphagia. <p>Jim’s wife Betty is present at the discharge interview. Jim and Betty are waiting to hear from the speech pathologist with regards to the swallowing assessment results. Once this information has been conveyed, Jim will be able to be discharged home.</p> <p>Jim and Betty are meeting with the speech pathology students to discuss:</p> <ol style="list-style-type: none"> 1. The results of Jim’s Videofluoroscopy Swallow Study (VFSS) 2. Recommendations for the types of fluids and foods that Jim is safest to eat based on the results of the VFSS. 3. Plans for ongoing monitoring of Jim’s swallowing by speech pathology on his return home. <p>Each session will run for 15minutes.</p> <p>Each student pair will have an opportunity to conduct the session with Jim and Betty. The session will repeat 3-4 times depending on the number of student pairs.</p>
<p>Setting</p>	<p>Jim and Betty will be waiting outside a speech pathology office for the student clinicians.</p> 

Learning objectives	<ul style="list-style-type: none"> • The students will conduct the session in pairs. Other students <u>will not</u> be observing the session. • It is expected they will demonstrate the following skills: <ol style="list-style-type: none"> 1. Effectively communicate the results of the assessment using appropriate language. 2. Make appropriate choice regarding modified foods and fluids in the management of a known patient. 3. Clearly explain to the patient and carer how to appropriately manage his dysphagia in a community/home environment 4. Respond effectively and appropriately to patient and family questions and concerns.
Debriefing model/s	Appreciative Inquiry or Advocacy Inquiry

Session overview

NB: This overview has been provided to students to allow them to focus on other learning objectives in this simulation.

1. **Introduction and outline of the session:** re-introduction to Jim and introduction to Betty. Provide an outline of the session – VFSS results, diet and fluid recommendations and modifications required, management plan for discharge home. Revise the role of speech pathology with regards to swallowing management.
2. **Clinical bedside swallowing management:** provide a brief overview of bedside management of swallowing whilst Jim has been admitted to hospital.
3. **VFSS results:** students to discuss the VFSS procedure and provide reasons as to why this was required to be conducted with Jim. Briefly outline the results to Jim and Betty.
4. **Recommendations:** Discuss swallowing recommendations – diet and fluid modifications and strategies. Students will need to provide information and education about thickened fluids and how to achieve the desired diet modifications including foods to avoid. Advise Jim and Betty that thickened fluids will be delivered to the home so there will be no need to thicken fluids.
5. **Plan:** Discuss the plan which includes: a referral to a community speech pathologist who will be able to visit Jim at home, reassess his swallow and determine the need for ongoing diet and fluid modifications, repeat VFSS in 2-4 weeks here at the hospital.
6. **Education and support:** provide education regarding speech pathology services and answer any questions regarding swallowing.
7. **Follow-up plan and questions:** Discuss understanding of information provided, opportunity for further questions. Clarification of follow-up plan at home.

Therapy session plan

Patient Name: Jim & Betty

Date of Session: DD / MM / YY

- **Session Goal:** Explain results of VFSS assessment and modifications to foods/fluids recommended following the VFSS.


Session element	Goal / activity	Time	Materials
1. Welcome / Intro / Explanation of Session	Student clinicians to... <ul style="list-style-type: none"> • Introduce themselves to Jim and Betty. • Outline the aims of the session. • Revise the role of the speech pathologist with regard to swallowing. • Provide an overview of bedside management. 	1-2 mins	N/A
2. Results of VFSS	Student clinicians to... <ul style="list-style-type: none"> • Remind Jim that the procedure was done • Briefly explain results of assessment <ul style="list-style-type: none"> ○ What did the VFSS demonstrate? ○ How does this differ from a normal swallow? ○ What does this mean for Jim? • Outline recommendations <ul style="list-style-type: none"> ○ What are the recommendations? Why have they been recommended? ○ What is a modified diet and/or thickened fluids? ○ How do they modify Jim's diet and fluids in the community? 	10 mins	iPad Dysphagia app Diet/fluids poster
4. Wrap Up / Questions / Plan	Student clinicians to... <ul style="list-style-type: none"> • Discuss the plan for the future i.e. referral to community SLT, repeat VFSS and what they should do if they have questions in the interim. • Answer any of Jim and Betty's questions <ul style="list-style-type: none"> ○ Clarify any information. 	3-4 mins	N/A

Notes:

Debriefing Simulation 12			
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 the assessment using appropriate language. 2. Make appropriate choice regarding modified foods and fluids in the management of a known patient. 3. Clearly explain to the patient and carer how to appropriately manage his dysphagia in a community/home environment Respond effectively and appropriately to patient and family questions and concerns. 	<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 focuses 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? 	
OR			
	<p>Advocacy inquiry This approach is based on advocacy from the facilitator in the form of objective observation and inquiry which explores with the learner what happened in a curious way</p>	<p>Thinking about that simulation</p> <ul style="list-style-type: none"> • How did that feel? • Can you summarise what your simulation was about so we are all on the same page? • I observed you (group or individual) doing..... 	

	<p>before thinking about positive ways forward.</p>	<ul style="list-style-type: none"> • I was really comfortable with this because <li style="text-align: center;">OR • I was concerned about this ... 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? <p>Summary and wrap up In summary, today we learned about</p>	
<p>Clinical educator self-evaluation at conclusion of simulation</p>			
<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? 			

SIMULATION 13: Case handover

<p>Overview of the simulation</p>	<p>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. This information might be used to provide another clinician with assistance to determine weekend service triage.</p> <p>Each student will present on one case individually.</p> <p><u>NB:</u> 7 patients in total 8 students = 1 patient per student with Margie shared between 2 students; 7 students = 1 patient per student; 6 students = 1 patient per student and do not discuss Selwyn as patient has been discharged</p> <p><u>Student task:</u></p> <ul style="list-style-type: none"> • Spend 2-3 minutes summarising the key points of a case including: <ul style="list-style-type: none"> ○ Presentation ○ Diagnosis ○ Interventions (speech pathology and other disciplines) ○ Impressions ○ Recommendations ○ Follow up plan. <p>Discuss case with peers/clinical educator and answer any questions.</p>
<p>Setting</p>	<p>Room is to be set up similar to that of a speech pathology meeting room.</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. 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 intervention/management plan 2. Effectively communicate skills during an oral presentation to peers/colleagues.

	3. Actively participate in structured group discussion of case management options for known/familiar patients.
Debriefing model/s	Plus Delta

Debriefing Simulation 13			
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. 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 intervention/management plan 2. Effectively communicate skills during an oral presentation to peers/colleagues. 3. Actively participate in structured group discussion of case management options for known/familiar patients. 	<p>Plus Delta Plus defines what is going well. Delta defines what needs changing to improve learning</p>	<p>Thinking about that simulation:</p> <ul style="list-style-type: none"> - What went well in that simulation? - What did you observe in others that worked well in that simulation? - What do you think you need to change to improve your learning? (as a group or individually) 	
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? 			

End of Simulation-based Learning Program – activities

1. Complete final statistics for the day

2. Final Stop-Keep-Start reflection

- Engage students in a final reflection task for the simulation program. You may wish to link this back to the learning goals put forward by the students on Day 1 of the program.
 - What is something that you would like to stop doing?
 - What is something that you would like to keep doing?
 - What is something that you would like to start doing?
- Students should be encouraged to provide feedback to their peers about skills/behaviours they believe that their peers should keep doing. This is a positive focus and builds on feedback provided to peers in debriefing sessions.
- Learning goals for each student
 - If not addressed above, revisit discussion from Day 1 of learning goals nominated by students in advance of the Simulation Program (goals which had emerged from their previous clinic/s).
 - Discuss, as a group, what the students learning goals may be for their traditional clinical placement (if applicable).

3. Review of learning within the Simulation-based Learning Program

The simulation environment provides unique learning opportunities. As a group, discuss skills that were learnt in the simulation program and how these skills are transferable into other placement contexts. Encourage students to think broadly about their learning across the 5 days of the Simulation Program and what they can take into the next clinical placement. Encourage students to be very specific in naming the skills they believe that they can transfer and how they might do this/what situations they may be in which could prompt use of these skills.

Discussion may focus on:

- communication skills
- professional practice skills (time management, understanding of role of Speech Pathologist)
- team work skills (e.g. working with MDT members, working with peers)
- reasoning skills
- reflective practice skills
- observation skills

Consider the following questions to facilitate your discussion:

1. What were the key skills and learning strategies that you learnt in the Simulation Program?
2. Which skills learnt in the Simulation Program will you be able to transfer into your traditional clinical placement?

4. Consideration of how the traditional clinical placement will be different from the simulation environment?

Discuss how the traditional clinic environment will be **different** from the simulation environment. This will help to facilitate students' transition to traditional clinical

placements. Discuss strategies and options to manage the changes in the transition from a simulated environment to a traditional setting.

Work through the points below:

- Examples -
 - Learning environment. Some learning strategies may not be appropriate or easy to implement in a traditional clinical setting e.g. pause and discuss during client sessions.
 - Real clinical environment. You will need to keep your focus on clients at all times throughout your sessions.
 - Clinical educator focus. This will be dual in the traditional setting. CE will be focussed on the client as well as you.
 - Methods of feedback. Feedback may not always be provided straight after a simulation. It may be provided after several clients and/or 'on the move' between clients.
 - There may not be as much direct reflection time with the clinical educator in your next clinical placement. Different types of reflection may be required in this setting. Think about how you can use reflective practices that you've learned in simulation. For example, you could initiate your own STOP-KEEP-START reflection. You could email your CE periodically with such reflections.
 - Different settings will have different ways of working. Be flexible in learning about new approaches and ways of doing things. This will enrich your clinical development.
 - You may not see a wide variety of client presentations. Engage in the learning experiences that you are offered and make the most of them.

5. Consideration of the clinics that each student will be going into following the Simulation Program.

- Talk about the caseloads and populations that might be seen in these setting.
- Talk about differences in the environment in which they are working i.e. acute hospital, community (client's homes), outpatient settings.
- Ask the students to think about the specific skills that they can take from simulation into the next clinical environment.
- Ask students to consider what skills they will still need to develop in their next placement and future placements.

6. The Workbook

Remind students that their workbooks are valuable resources for their future clinical learning.

7. Questions

Close of Day 5 and Simulation-based Learning Program.