



Australian Government

This project received funding from the
Australian Government



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

Simulation-based Learning Program

Simulated patient training
Anna (Registered nurse)

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



THE UNIVERSITY OF
SYDNEY



LA TROBE
UNIVERSITY



Griffith
UNIVERSITY
Queensland, Australia



Funding:

This resource was developed for the *Embedding Simulation in Clinical Training in Speech Pathology* project (2014-2018) which was supported by funding from the Australian Government, Department of Health, under the Simulated Learning Environments Program.

Speech Pathology Australia, as the funded organisation, subcontracted The University of Queensland to lead this project.

Project leadership team (authors):

The University of Queensland

Dr Anne Hill (project lead)
Prof Elizabeth Ward
Ms Adriana Penman (project officer)
Ms Emma Caird (project officer)
Ms Danielle Aldridge (project officer)

The University of Melbourne

A/Prof Bronwyn Davidson

Griffith University

Prof Elizabeth Cardell
Ms Simone Howells

La Trobe University

Ms Rachel Davenport

The University of Newcastle

Dr Sally Hewat
Ms Joanne Walters

The University of Sydney

Prof Patricia McCabe
A/Prof Alison Purcell

Dr Robert Heard

Prof Sue McAllister

Speech Pathology Australia

Ms Stacey Baldac

Citation/attribution format:

Hill, A.E., Ward, E., Davidson, B., McCabe, P., Purcell, A., Heard, R., McAllister, S., Hewat, S., Walters J., Cardell, E., Howells, S., Davenport, R., Baldac, S., Penman, A., Caird, E., Aldridge, D. (2018). *Embedding Simulation in Clinical Training in Speech Pathology*. Melbourne: Speech Pathology Australia.



This work is licenced under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/). You are free to copy, communicate and adapt the work for non-commercial purposes only provided that you credit the authors of the work, attribute Speech Pathology Australia and comply with other notice requirements set out under the licence.

© Speech Pathology Australia 2018

DISCLAIMER

To the extent possible under law, the material in this publication is supplied as-is and as-available, and Speech Pathology Australia makes no representations or warranties of any kind whether express, implied, statutory, or otherwise. This includes, without limitation, warranties of title, merchantability, fitness for a particular purpose, non-infringement, absence of latent or other defects, accuracy, or the presence or absence of errors, whether or not known or discoverable. Where disclaimers of warranties are not allowed in full or in part, this disclaimer may not apply.

To the extent possible under law, Speech Pathology Australia will not be liable to you on any legal theory (including, without limitation, negligence) or otherwise for any direct, special, indirect, incidental, consequential, punitive, exemplary, or other losses, costs, expenses, or damages arising out of the use of the material in this publication. Where a limitation of liability is not allowed in full or in part, this limitation may not apply.

Contents

Funding for simulation research 4

Research aim 4

Main objective of Simulation-based Learning Program 4

Simulation activities – process of learning..... 5

Feedback to students 5

Simulated patient feedback form..... 7

Anna (Registered Nurse) 8

Funding for simulation research

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.

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 five 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 is scheduled to be completed by October 2018. Health Workforce Australia was disbanded in August 2014 and current funding is provided by the Department of Health (Commonwealth).

Research aim

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 block placements involving the management of adult clients, if they either:-

- (a) completed a clinical placement where an average of 20% of the traditional block clinical placement time is replaced with a simulation model, or
- (b) completed a traditional block clinical placement which consists of 100% of the time spent in the clinical placement.

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

Main objective of Simulation-based Learning Program

The Simulation-based Learning Program allows students the opportunity to develop and demonstrate a range of skills in assessment and management in adult areas of practice across the continuum of care. Learning objectives for each simulation are specifically outlined below.

Simulation activities – process of learning

All activities are designed to assist student learning. Each simulation consists of the following learning cycle:

1. **Pre-simulation activities:** The student group will be briefed by the simulation 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 small groups, 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:** 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.

A number of feedback approaches will be used by the *clinical educator*:

1. 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 you as simulated patients. 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'.

2. 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. The pause-discuss model can work in two ways:

- a. 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.
- b. 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.

Feedback to students

Simulations offer students the opportunity to gain valuable feedback from simulated patients. It is therefore important that simulated patients provide clear and specific feedback which assists in student learning.

General comments related to your role and providing feedback are included below

1. Keep in mind at all times your **teaching role** – this is the most important aspect of your involvement.
2. Stay in role during your simulation.
3. Agree with the clinical educator on a pre-arranged signal to indicate your need to ‘time out’ of role (only when necessary). The clinical educator will then call ‘time out’.
4. When ‘time out’ or ‘pause and discuss’ is called by the clinical educator, continue to stay in role.
5. Once the simulation is completed you will be given an opportunity to provide feedback from the perspective of the patient you are portraying.
6. Therefore, your feedback should focus on how the interaction made you feel as a patient. You can use the words *“I felt...”* *“When you said/did.... I felt....”*.
7. Please provide this feedback on the ‘Simulated Patient Feedback Form’ and give to the clinical educator. This form will not be given directly to students but will add valuable information to the clinical educator’s feedback.
8. You may be given the opportunity to provide verbal feedback at the conclusion of your role.
9. Feedback should be delivered in lay terms.
10. Feedback should generally be given to the students as a pair. Use discretion when highlighting individual performance.
11. If you would like to comment on something that an individual student did very well, however, please do so.
12. Always seek the advice of your clinical educator before delivering sensitive feedback.
13. Target feedback around the specific areas on the feedback form provided. Students should receive feedback in each of these areas.
14. Your feedback should be concise and specific.
15. Where possible, provide an example to support your observations.
16. As your feedback is important in shaping students’ learning, you should provide specific ways they can make their interaction more appropriate with you as a patient.

Simulated patient feedback form

Student Names: _____ **Date:** _____

Your name: _____ **Patient name:** _____

Instructions: Consider the students' interaction with you during the interview. Please comment on each of the areas listed below, speaking from the perspective of the patient and how you felt during the interaction.

In this interaction, I felt:	Body language Eye contact Facial expression Use of gesture Positioning in relation to you	Communication Level of formality Speech loudness Speech rate Listening Use of jargon (i.e. medical or speech pathology terms that you did not understand)	Clinical skills Explanations Instructions Clarifying information Providing a summary and next steps	Professionalism Attitude Manner Respectfulness Inclusion in goal setting and plans
A little uneasy <i>at times</i>				
At ease <i>most of the time</i>				
At ease <i>at all times</i>				

Any further comments:

Anna (Registered Nurse)

Time table		
Simulation 5	Short conversation with the clinical educator to advise the students that Margie's assessment needs to be completed by a certain time.	DAY 3 AM <ul style="list-style-type: none"> Simulation: 9:40am – 10:00am
Simulation 6	Short conversation pertaining to outcomes of swallowing and /or communication assessment.	DAY 3 PM <ul style="list-style-type: none"> Simulation: 1:00pm – 1:30pm

General character information	
Name	Anna Watson
Occupation	<ul style="list-style-type: none"> You are a registered nurse who has been working at the National Simulation Health Service (NSHS) for over 5 years. You specialise in caring for patients within neurosurgery, neurology and stroke units. You have been doing day shifts. You have looked after Margie since she was admitted 2 days ago. You have met all of her family. You work full time and you are often rostered for day and/or night shifts. You live close to the hospital.
Personality	<ul style="list-style-type: none"> You are a caring, pleasant nurse who always makes time for her patients even though you are often very busy. You are not flustered or bothered by your schedule and are happy to speak with the speech pathology student clinicians about Margie's current status and the results of the bedside swallow assessment. You thoroughly enjoy your job as a nurse.
Observations	<ul style="list-style-type: none"> Margie is in bed, drowsy but more alert than the previous few days. Margie is attempting to communicate but has obvious aphasia, particularly word finding difficulties. Margie has significant weakness of the muscles in her face, arms and legs on the right side of her body. She cannot functionally move her right arm or right leg. Margie has a drip (IV) insitu and is Nil By Mouth (NBM) awaiting review by the speech pathologist.
Duties	<ul style="list-style-type: none"> You review Margie regularly throughout the day. You record your observations in the medical chart at the end of the bed. You are aware of Margie's past medical history of elevated blood pressure and current medication (Margie requires Coversyl 100mg daily as prescribed by her GP). The hospital medical team has prescribed Warfarin 10mg (blood thinning medication) and Lipitor 40mg (cholesterol medication) to reduce the risk of further stroke.

Simulations 5 and 6 overview

<p>Scenario overview</p>	<ul style="list-style-type: none"> • Margaret (Margie) is a 66 year old woman who suffered a left hemisphere stroke 2 days ago. • Student clinicians are meeting Margie and yourself (Anna) for the first time on the acute stroke unit (ASU). • Previously Margie has been too unwell to have a speech pathology assessment conducted. • Margie presents with: difficulty eating and drinking (this is called <i>dysphagia</i>); difficulty finding the correct words when she speaks (this is called <i>aphasia</i>), slurred speech at times (this is called <i>dysarthria</i>). • You are a Registered Nurse currently rostered to care for Margie. • You are not present for the full speech pathology assessment. You provide a handover to the speech pathology student clinicians about Margie’s current status. • You also advise the speech pathology student clinicians that the medical team will be conducting a ward round and reviewing Margie at 11:00am so the swallowing assessment will need to be completed by then. • You return at the end of the swallowing assessment session to receive a handover from the speech pathology student clinicians. • At the end of the simulation (Simulation 6) you advise the speech pathology student clinicians that Jessica (Margie’s daughter) has requested that she be contacted to be told about any important information about Margie’s current communication and swallowing function.
<p>Opening lines</p>	<p>Anna provides information to the student regarding Margie’s current status.</p> <ul style="list-style-type: none"> • “Margie has started to become more alert in the last 12-24 hours. She opened her eyes to touch and voice yesterday and then has been consistently more alert. I asked the physio and OT to review. PT has found that she is a 2 person assist. She hasn’t been seen by OT yet. Overnight her NGT has dislodged so I have told the dietitian and have kept her NBM until your review. I have managed to get some words or sounds from her but they don’t seem to make much sense. She is a little less confused today and is able to answer some basic yes/no questions for me such as are you in pain etc.. Let me know if you need me to do anything.” • “Margie has some Warfarin and Lipitor written up. It is much easier to give these orally so can you let me know if she will be able to manage these otherwise I will have to get the pharmacist to write up more of the liquid form to go via the drip. Also if she cannot have anything oral I will have to get the dietitian to come back to write up her NGT feeds”.

Setting

- You will enter the room when you hear the students attempt to speak with Margie.
- You advise them that the medical team requires Margie at 11:00am.
- You are dressed in your nurse uniform.

