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AUSTRALIA

Simulation-based Learning Program

Simulated patient training
Mrs Betty Parker (Jim's wife)

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



LA TROBE
UNIVERSITY

Griffith
UNIVERSITY

Queensland, Australia



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

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Contents

Funding for simulation research 4

Research aim 4

Main objective of simulation Simulation-based Learning Program 4

Simulation activities – process of learning 5

Feedback to students 5

Simulated patient feedback forms 7

Mrs Betty Parker 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 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 forms

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

Mrs Betty Parker

Timetable		
Simulation 12	Discharge planning session	DAY 5 AM <ul style="list-style-type: none"> • Arrive at University: 8:30am • Preparation: 8:30am – 9:00am • Simulation: 9.00am – 10.15am • Feedback approx: 11am
	Simulated patient to provide feedback to students	

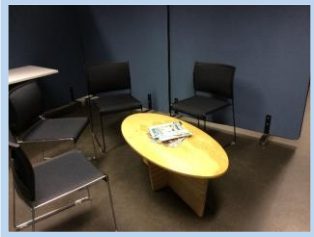
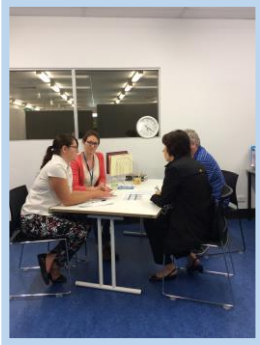
General character information - Betty	
Name	Betty Parker
Age	60 years
Address	15/238 Daniel Street, Newtown
Family	<ul style="list-style-type: none"> • Husband (Jim Parker). You have been married 32 years. • You have 3 sons that live nearby. One son is named Chris – he is your 2nd medical contact. • All your sons are married with children - you and Jim have 5 grandchildren in total. • Jim was recently admitted to hospital after a two day history of confusion and fever. He was found to have a urinary tract infection. He developed a chest infection whilst in hospital. His swallowing was assessed by speech pathologists and it was found that sometimes food and fluid went down the wrong way. This would have contributed to his chest infection. The speech pathologists recommended an xray of his swallow to get a better picture of Jim's swallow function and safety. Jim was recommended to have thickened fluids and a minced moist diet to avoid food and fluids going down the wrong way.
Occupation	<ul style="list-style-type: none"> • Retired – have not worked for many years. • Supportive wife, mother and grandmother.
Personality	<ul style="list-style-type: none"> • Pleasant. • Concerned about her husband's health and what she can do to help him. • Jim tends to leave all home details to Betty and defers to her during discussion.
Hobbies	<ul style="list-style-type: none"> • Sunday BBQ lunch with the family each week. • Catching up with friends.

General character information - Jim	
Name	James Edward Parker
Preferred Name	Jim
Age	70 years
Address	15/238 Daniel Street, Newtown
Family	<ul style="list-style-type: none"> • Wife (Betty Parker). Married 32 years. • You have 3 sons that live nearby. • All your sons are married with children. You and Betty have 5 grandchildren in total.
Occupation	<ul style="list-style-type: none"> • Retired Carpenter.
Personality	<ul style="list-style-type: none"> • Pleasant but easily frustrated at times particularly when you can't hear what has been said. • Cooperative however you would much rather Betty (wife) handles everything.
Hobbies	<ul style="list-style-type: none"> • Sunday BBQ lunch with the family each week. • Lawn Bowls. You play at the local club 1-2 times per week. • Catching up with friends. Especially for a beer at the bowls club on a Friday afternoon.
Medical History	<ul style="list-style-type: none"> • Mild-moderate hearing loss in both ears although you refuse to wear hearing aids. • You have normal eyesight for your age and do not need glasses. • Diabetes Type 2 – although this is well managed through medication (<i>Metformin Hydrochloride</i> tablets twice daily – you do not need to remember this name). • History of smoking for about 30 years (around 10 cigarettes a day) from the ages of 20 through to 50 years. You quit smoking about 20 years ago. • You have some history of recurrent chest infections. • You have an intravenous drip in place.

Patient background – Jim

What brought you to hospital	<ul style="list-style-type: none">• You were feeling unwell and had frequent urination, fever and confusion for about 2 days prior to coming to hospital.• Betty took you to the Emergency Department of the National Simulation Health Service (NSHS) – the local tertiary hospital.• You were diagnosed with a urinary tract infection and associated dehydration and admitted to the ward for IV antibiotics and monitoring.
What has happened since you arrived in hospital	<ul style="list-style-type: none">• Your levels of alertness and confusion have been fluctuating since you were admitted yesterday.• You have developed a cough and fever. Signs of a chest infection were seen on a chest x-ray that the doctors ordered.• The doctors are worried you have been having trouble swallowing and asked speech pathology to conduct an assessment (NB: if your swallow isn't working properly and food/fluids 'go down the wrong way' a lot, you can develop a chest infection).

Simulation 12 overview

<p>Scenario overview</p>	<p>Your husband, Jim, is about to be discharged from hospital.</p> <p>You and Jim are meeting with the speech pathology students to discuss:</p> <ol style="list-style-type: none"> 1. The results of Jim's xray swallow (Videofluoroscopy Swallow Study). 2. Recommendations for Jim's food texture and fluid consistency based on the results of the xray swallow and how to make these consistencies. 3. Plans for ongoing monitoring of Jim's swallowing by speech pathology once you both return home.
<p>Current presentation</p>	<ul style="list-style-type: none"> • Jim has now been discharged from hospital. He has finished the IV antibiotics that were prescribed for his chest infection and is doing much better. The medical team have said that Jim is well enough to return home. • Jim is feeling fed up with being in hospital and is very keen to get home. • You are very interested in the conversation and want to ensure that you understand all of the recommendations and what you have to do to make the necessary consistencies before you both leave the hospital. • You are aware that Jim will be expecting you to pay attention (as you will be doing it all at home) so you are extra attentive.
<p>Setting</p>	<ul style="list-style-type: none"> • The meeting will be in a speech pathology rehabilitation clinic room. • You and Jim will meet with speech pathology students. There will be no other hospital staff or family present. • You will be wearing casual clothes. • You and Jim are waiting in the waiting area before being collected by the students and taken to the room. <div style="display: flex; justify-content: space-around; align-items: center;">   </div>
<p>Learning objectives</p>	<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 Jim and yourself how to appropriately manage his dysphagia in a community/home environment (i.e. where to purchase thickened fluids, how to make thickened fluids, catering for texture modified diets etc.). 4. Respond effectively and appropriately to your and Jim's questions and concerns.

Timing	<ul style="list-style-type: none"> • Each session will run for 15 minutes. • Each student pair will have an opportunity to conduct the session with Jim and yourself. • The number of sessions you will be required to do will depend on student numbers. Your simulation facilitator will be able to confirm requirements with you.
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The simulation	
<i>What the speech pathology students will do:</i>	<i>What you should do:</i>
<ul style="list-style-type: none"> • Collect you and Jim from the waiting room. • Make small talk as you move to the clinic room 	<ul style="list-style-type: none"> • You and Jim will be waiting quietly in the waiting room before the students arrive. You may be talking together or reading magazines. • When the students arrive you will be happy and cooperative. • If Jim makes a comment to hurry the process you may comment, “Now Jim this is very important information that we are finding out today. Just a little patience.”
<ul style="list-style-type: none"> • Introduce themselves • Outline the purpose of the session 	<ul style="list-style-type: none"> • You are polite and say “nice to meet you”. • You are very interested and need to remind Jim often to stop and listen.
<ul style="list-style-type: none"> • Explain the results of Jim’s swallow assessment (VFSS) • Provide recommendations as to the safest food and drink for Jim to consume. <ul style="list-style-type: none"> ○ Mildly thick fluids ○ Minced-moist diet • Detail the follow-up plans 	<ul style="list-style-type: none"> • You listen at all times to what the students say and are aware that Jim is expecting you to remember the information for when you get home. • If the students speak too softly Jim will ask them to repeat themselves. You often remind Jim that he should probably get his hearing checked again as you feel embarrassed that Jim appears a little rude. • You do ask several questions: <ul style="list-style-type: none"> ○ “How strict do I have to be?” ○ “Is this for everyday that he needs to have the thickened drinks?” ○ “Are they the same fluids that Jim has been having whilst he has been here?” ○ “How do I thicken the drinks at home?” ○ “Do I need to go to the chemist to buy these or where do I get them from?” ○ “How long do you think Jim will need this sort of drink for?” ○ “what exactly does a minced and moist diet mean?” ○ “Who do I contact if I am worried once we leave here today?”

The simulation

<i>What the speech pathology students will do:</i>	<i>What you should do:</i>
<ul style="list-style-type: none">• Ask if you have any questions	<ul style="list-style-type: none">• Additional questions (to above) may include:<ul style="list-style-type: none">○ “What should Jim do at the Bowls club?”○ “I am worried that he might forget about this and get a bit carried away”○ “What are the dangers of drinking normal drinks?”
<ul style="list-style-type: none">• Wrap-up the session.	<ul style="list-style-type: none">• You thank the students for their time.