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# Simulation-based Learning Program

## Simulated patient training *Claire (Dietitian)*

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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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-based Learning Program ..... 4

Simulation activities – process of learning ..... 4

Feedback to students ..... 5

Simulated patient feedback forms ..... 7

Claire (Dietitian) ..... 8

References.....10

## 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 six universities across Australia was awarded this funding to develop a plan to investigate whether simulation could replace a proportion of clinical placements without loss of clinical competency. The Phase 1 project plan was completed in October 2014 and the collaborative was awarded further funding in December 2014 to conduct a randomised controlled trial. Phase 2 of the project commenced in May 2015 and was completed in November 2018. Health Workforce Australia was disbanded in August 2014 and current funding was then provided by the Department of Health (Commonwealth).

## 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 placements involving the management of adult patients, if they either:-

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

Further information about the “*Embedding Simulation in Clinical Training in Speech Pathology*” project, including outcomes of the research study, can be obtained through contacting the project leader, Dr Anne Hill ([ae.hill@uq.edu.au](mailto: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 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:	<b>Body language</b> Eye contact Facial expression Use of gesture Positioning in relation to you	<b>Communication</b> Level of formality Speech loudness Speech rate Listening Use of jargon (i.e. medical or speech pathology terms that you did not understand)	<b>Clinical skills</b> Explanations Instructions Clarifying information Providing a summary and next steps	<b>Professionalism</b> 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:**

## CLAIRE (Dietitian)



Timetable		
Simulation 9	Dietitian required for a 15 minute period to discuss a discharge plan for a patient on a modified diet.	<b>DAY 4 AM</b> <ul style="list-style-type: none"> <li>• Arrive at Sim Lab: 8:45am</li> <li>• Preparation: 8:45am – 9:15am</li> <li>• Simulation: 9:15am – 11:30am</li> </ul>

General character information	
Name	Claire Hudson
Occupation	<ul style="list-style-type: none"> <li>• You are a recent graduate dietitian who is completing a rotation on the acute wards at the National Simulation Health Service (NSHS).</li> <li>• You have been involved in the care of Mr Selwyn Walker since his admission following a fall at his Residential Aged Care Facility (RACF).</li> <li>• You work full time and have been at NSHS for the last 9 months.</li> <li>• You have completed a 6 month rotation on the rehabilitation wards and are now completing your acute ward rotation.</li> </ul>
Personality	<ul style="list-style-type: none"> <li>• You are an eager allied health team member that is interested in ensuring that her patients receive the optimal nutritional intake.</li> <li>• You are not really up to date with regards to thickened fluids but are more than happy to liaise with the speech pathology student clinicians about dysphagia.</li> <li>• You thoroughly enjoy your job.</li> </ul>
Knowledge of the case	<ul style="list-style-type: none"> <li>• You have been reviewing Selwyn with regards to his oral intake since his admission.</li> <li>• His intake has been variable given his fluctuating level of consciousness and post-operative delirium.</li> <li>• All of your observations and calculations have been recorded in the medical chart at the end of the bed.</li> <li>• You haven't met with the speech pathologist before today but you have been advised that Selwyn was placed on a soft cut up diet with extra sauce and gravy and mildly thickened fluids.</li> <li>• You are aware of Selwyn's past medical history of dementia, 1 year ago he had – a trans ischaemic attack, fracture of his right ulna, cerebral contusion as a result of a fall. He has atrial fibrillation, and recently has had sun spots removed.</li> <li>• You are aware that he lives in a nursing home and previously required assistance for all personal activities of daily living (ADLs).</li> </ul>





Simulation 9 overview	
Scenario overview	<ul style="list-style-type: none"> <li>• Selwyn is an 89 year old man who suffered a left fractured neck of femur (hip) injury.</li> <li>• Student clinicians are meeting with you (Claire) for the first time on the orthopaedic hospital ward.</li> <li>• Previously Selwyn has been reviewed by speech pathology with regard to his swallowing difficulties.</li> <li>• The nursing staff referred Selwyn to you after they had completed the Malnutrition Screening Tool (MST).</li> <li>• Selwyn presents with:             <ul style="list-style-type: none"> <li>○ difficulty eating and drinking (this is called <i>dysphagia</i>),</li> <li>○ fluctuating level of consciousness and post-operative delirium on the background of his dementia,</li> <li>○ gradual weight loss of 4-5kg over the last month.</li> </ul> </li> <li>• You are a dietitian who is currently looking after Selwyn.</li> <li>• You are present in the room when the speech pathology students enter. You take this as an opportunity to speak with the students about the possibility of upgrading Selwyn to thin fluids as you are wanting to prescribe Resource 2.0 supplementation to assist with his gradual weight loss.</li> <li>• You have requested that nursing staff chart food and fluids that Selwyn has been having to ensure that he is meeting his nutritional needs. You have spoken to the nurse at the RACF who confirmed he was tolerating a soft cut up diet and thin fluids prior to admission to hospital. The RACF nurse also reported that Selwyn had had good oral intake prior to admission and was not receiving any nutritional supplementation.</li> <li>• Speech pathology changed Selwyn to a minced and moist diet and moderately thickened fluids during a period of reduced levels of alertness. He has since been upgraded to a soft cut up diet and mildly thick fluids.</li> <li>• Nursing staff have reported that Selwyn is tolerating the current recommended consistencies well although he is only consuming <math>\frac{1}{4}</math> - <math>\frac{1}{2}</math> of meals.</li> </ul>
Opening lines	<p>You are welcoming and cheerful with the speech pathology student clinicians:</p> <p>You outline your concerns to them:</p> <ul style="list-style-type: none"> <li>• “I am concerned for Selwyn’s oral intake. From the food and fluid charting the nursing staff have done he is only having <math>\frac{1}{4}</math> - <math>\frac{1}{2}</math> of his meals and that’s not really enough.” “I’m particularly concerned on the low oral intake given his pre morbid history of dementia.”</li> <li>• “I spoke with a nurse at the RACF and Selwyn has apparently lost weight over the last month; about 4-5 kgs”.</li> <li>• “I want to start him on Resource 2.0 supplementation although this comes as a thin liquid.”</li> <li>• “Sometimes staff find thickening drinks very difficult”</li> </ul>

	<ul style="list-style-type: none"> <li>• “Would it be possible for you to upgrade Selwyn to thin fluids so he can easily have this supplement drink?”</li> </ul> <p>You don’t fully understand dysphagia (swallowing difficulties) and requests clarification during the discussion:</p> <ul style="list-style-type: none"> <li>• “I remember a bit from uni but still don’t really understand how dysphagia works”</li> <li>• “Can you explain why someone would have to have a modified diet or thickened fluids”</li> <li>• “So will he ever be able to upgrade to thin fluids?”</li> <li>• “I still don’t really understand – he is on the same diet as pre-admission. Can’t he go back to being on the same fluids as pre-admission also?”</li> </ul> <p>You collaborate with the student clinicians to develop a management plan regarding Selwyn’s oral intake:</p> <ul style="list-style-type: none"> <li>• “So what diet/fluids would you like to recommend to the RACF? Why?”</li> <li>• “I would like to recommend nutritional supplementation using Resource 2.0 for weight management. Is that okay from a speech pathology perspective?”</li> </ul>
Setting	<ul style="list-style-type: none"> <li>• You will be in the room looking at the end of bed chart when the students enter the ward.</li> <li>• You advise them that Selwyn has been discharged.</li> <li>• You are dressed in your typical work uniform.</li> </ul> <div style="display: flex; justify-content: space-around; margin-top: 20px;">   </div>

## References

MacBean, N., Theodoros, D. G., Davidson, B. J., & Hill, A.E, (2013). Simulated learning environments in speech-language pathology: An Australian response. *International Journal of Speech-Language Pathology*, 15(3), 345-357.