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This project received funding from the
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Simulation-based Learning Program

Simulated patient training
Emily Gleeson

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



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.

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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.



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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).

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>				

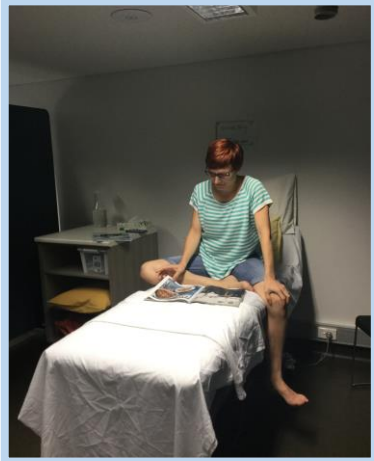
Any further comments:

Timetable		
Simulation 10	Swallowing and communication assessment	DAY 4 AM <ul style="list-style-type: none"> • Arrive at university: 8:45am • Preparation: 8:45am – 9:15am • Simulation: 9:15am – 11:30am

General character information	
Name	Emily Gleeson
Age	35 years
Address	5/185 Central Avenue, Middleton
Occupation	<ul style="list-style-type: none"> • Work full time as a medical receptionist in the city.
Personality	<ul style="list-style-type: none"> • Pleasant and easy going young lady. • You love socialising with friends.
Family	<ul style="list-style-type: none"> • Partner (Simon) of 7 years who you live with. • You live in an apartment in the city. • You are not married. • You do not have children.
Hobbies	<ul style="list-style-type: none"> • You have a busy and active social life. • You enjoy eating out regularly, travelling, catching up with friends, attending live music concerts and going to the beach. • You do not allow your multiple sclerosis to stop you from doing anything or change your social life. • Simon and your friends are all very accepting of your condition. • Do regular exercise and often at the gym.
Medical History	<ul style="list-style-type: none"> • You have a 12 year history of relapsing, remitting multiple sclerosis • This is the first time that you have had a longer hospital admission for your multiple sclerosis. • You had a relapse previously however it was not as severe. • You are otherwise a fit and healthy 35 year old. • Your multiple sclerosis is managed with regular GP visits and Neurology appointments.

Simulation 10 overview

<p>Scenario overview</p>	<ul style="list-style-type: none"> • You (Emily) are a 35 year old woman who was admitted to the NSHS yesterday. • You suffered a sudden decline in the functioning of your lower limbs whilst at work yesterday. • You have some numbness and some pins and needles in your lower limbs, and are slower in your movement. • You are able to manage normal food and fluids without any difficulty (i.e. coughing/choking) at this point. • The nurses have contacted the speech pathologist to review your swallow as both you and the nursing staff have been noticing that you've been coughing frequently when drinking (e.g. on cups of tea/water/juice) in the past 24 hours. This is particularly problematic for you when you drink larger or multiple mouthfuls. • The doctors have anticipated that you will remain in hospital for 4 or 5 more days to monitor your symptoms and disease progression. • You are concerned regarding this and the other physical changes as these are the most severe symptom changes that you have had to date. • Student clinicians are meeting you for the first time on the acute Neurology ward in the hospital. • Students will attend the bedside to complete a swallowing assessment and communication screening assessment. • You present with: <ul style="list-style-type: none"> ○ some difficulty managing large amounts of thin fluids <p>The student clinicians are wanting to:</p> <ol style="list-style-type: none"> 1. Gather a comprehensive case history regarding your disease progression. 2. Conduct bedside screening assessments. 3. Explain the results of these assessments with you and discuss the longer-term role of speech pathology in your care. <p>Student clinicians have 15 mins to complete the above.</p>
<p>Learning objectives</p>	<p>When managing your care, the speech pathologist will aim to achieve the following:</p> <ul style="list-style-type: none"> • Assist you with your communication skills and ensure these skills are functional during this relapse period of your Multiple Sclerosis. • Assist you to manage your food and fluids safely during the relapse period of your Multiple Sclerosis. <p>It is expected that the student clinicians involved in your care will be able to:</p> <ol style="list-style-type: none"> 1. Gather relevant case history information about your disease progression to date and typical speech and swallowing function. 2. Effectively conduct a bedside oromotor and motor speech assessment. 3. Effectively conduct a clinical swallowing examination including the trial of compensatory strategies. 4. Suggest appropriate compensatory strategies to be used for both

Setting	<p>speech and swallowing to maximise your function.</p> <ul style="list-style-type: none">• You will be in your room either sitting at the edge of the bed reading a magazine or on an electronic device.• You are on Ward 2C (Acute Neurology ward) – you were admitted yesterday.• No other hospital staff or family members are present with you today.• You are wearing casual clothes.  A photograph showing a person with short reddish hair, wearing a light blue and white striped t-shirt and blue shorts, sitting on the edge of a hospital bed. They are looking down at a magazine or newspaper resting on their lap. The bed has white linens. In the background, there is a bedside table with a yellow chair underneath it, and a dark curtain. The room appears to be a hospital ward.
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The simulation

<i>What the speech pathology student clinicians will do:</i>	<i>What you should do:</i>
<ul style="list-style-type: none"> • Student clinicians will enter the room, use your name and introduce themselves. 	<ul style="list-style-type: none"> • During the session, you initiate conversation with the student clinicians. • You are really interested in what they have to say and you present as quite keen to learn about speech pathology. • If the explanations are not clear, too long then you should ask for clarification. • You are very knowledgeable about medical and hospital issues however you have never seen a speech pathologist before.
<ul style="list-style-type: none"> • Student clinicians will continue to build rapport with you by talking to you, asking questions of you. 	<ul style="list-style-type: none"> • You should always be cooperative with what you are asked to do. • If the explanations are not clear, too long then you should ask them to explain the information. • If the student clinicians ask you to complete any tasks, you will cooperate.
<ul style="list-style-type: none"> • Student clinicians may ask you questions before they start their assessment. 	<ul style="list-style-type: none"> • You are happy to be seen by the student clinicians as you have been worried about these speech and swallowing changes. <p>During the assessment you may say or ask questions such as:</p> <ul style="list-style-type: none"> • <i>“Thank you for coming to see me. I have been a bit worried about these changes to my speech and this coughing when I drink since I have come in.”</i> • <i>“I had no idea that a speech pathologist can help with swallowing. I just thought you worked with children who had a lisp or stuttered!”</i> • <i>“I would really like to know how bad it is and if there can be anything that can be done.”</i> • <i>“I work as a medical receptionist. I am worried that if this gets any worse I will have difficulty doing my job. I am on the phone all day.”</i> • <i>“I don’t seem to have any difficulty eating anything. It is just when I take a big mouthful that I seem to get caught out.”</i> • <i>“I am feeling a bit anxious as in the last 12 years my MS has been pretty good. This is only my 2nd relapse.”</i>

The simulation	
What the speech pathology student clinicians will do:	What you should do:
	<ul style="list-style-type: none"> • <i>“My MS has always been well managed and I keep myself healthy and well.”</i> • <i>“I was talking on the phone to my partner last night and he said that I sounded really tired and sleepy.”</i> • <i>“What can I do now to make my speech sound a bit more clear?”</i> • <i>“What can I do to make swallowing easier?”</i> • You maintain eye contact at all times. You are attentive to the discussion.
<ul style="list-style-type: none"> • Student clinicians will commence the assessment 	<ul style="list-style-type: none"> • If the information provided is too complex then ask them to repeat the information. <p><u>Speech:</u></p> <ul style="list-style-type: none"> • You have some difficulty in making your speaking sound clear and you have a slower rate of speech at times. • Your tongue feels numb (making you also sound mumbled and slurred). • You make sound errors at times with repetition of longer sentences.
<ul style="list-style-type: none"> • They will conduct an assessment of your head and neck muscles • Parts of assessment will be: <ul style="list-style-type: none"> ○ Jaw ○ Face/Lips ○ Tongue ○ Cough ○ Voice ○ Dry Swallow (swallowing saliva only) 	<ul style="list-style-type: none"> • You are cooperative throughout the session. • You are able to move your jaw easily and normally. • You are able to complete all movements normally. • You only have some difficulties when asked to move your tongue (slightly less range of movement, weakness and incoordination generally. Your tongue feels fat and numb making it difficult for you to speak clearly). • You have a strong cough when asked to. • Your voice sounds normal. • You are able to swallow when asked.
<ul style="list-style-type: none"> • Give you foods/drink to consume and assess your swallow. • They may “feel your swallow” while 	<ul style="list-style-type: none"> • You are interested in the assessment. • You are able to handle cups and spoons independently.

The simulation

<i>What the speech pathology student clinicians will do:</i>	<i>What you should do:</i>
<p>you are eating/drinking by placing their hand on your throat.</p> <ul style="list-style-type: none"> • They may ask to look in your mouth or ask you to say “aah” after you swallow. • The students may give you: <ul style="list-style-type: none"> ○ Biscuit. ○ Marshmallow (not likely to be trialled with this). ○ Diced Fruit (not likely to be trialled with this). ○ Thin or normal drink – single sips only. ○ Thin or normal drink – continuous drinking. ○ Mildly thick drink (not likely to be trialled with this). 	<ul style="list-style-type: none"> • You don’t need any help and will tell the students that if they try to help you. • You have no difficulty chewing or swallowing the biscuit. • (If you are trialled on this: You have no difficulty chewing or swallowing the marshmallow.) • (If you are trialled on this: You are able to eat the diced fruit normally.) <p>You are able to drink water okay for single sips. You have more difficulty when you take a larger mouthful and cough a little after you have swallowed.</p> <ul style="list-style-type: none"> • You drink ½ cup of water in one go and cough immediately after you swallow. It is like you have choked on the water. You comment though that when this has been happening you tend to have smaller amounts and that is fine. Demonstrate this to them. • (If you are trialled on this: You have no difficulty and you comment that you don’t think you need to have thickened drinks.)



Fluid trials

- 900 - **Extremely Thick** / Pudding / Level 3 (blue lid)
- 400 - **Moderately Thick** / Honey / Level 2 (orange lid)
- 150 - **Mildly Thick** / Nectar / Level 1 (green lid)
- Water (thin fluids)



Food trials

- Pureed
- Minced and moist (two fruits)
- Soft (marshmallow)
- Normal (biscuits)

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.