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Simulation-based Learning Program

Simulated patient training Mr James (Jim) Parker

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



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Funding for simulation research

The "Embedding Simulation in Clinical Training in Speech Pathology" project was initiated by Heath 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 (<u>ae.hill@uq.edu.au</u>).

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

Any further comments:

Mr James (Jim) Parker

Timetable			
Simulation 8	Initial swallow assessment	 DAY 4 AM Arrive at University: 8:30am Preparation: 8:45am – 9:15am Simulation: 9:15am – 11:30am 	
Simulation 12	Discharge planning session	 DAY 5 AM Arrive at University: 8:30am Preparation: 8:30am – 9:00am 	
	Simulated patient to provide feedback to students	 Simulation: 9.00am – 10.15am Feedback approx: 11am 	

General char	acter information
Name	James Edward Parker
Preferred Name	Jim
Age	70 years
Address	15/238 Daniel Street, Newtown
Family	 Wife (Betty Parker). You have been 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	Retired carpenter.
Personality	 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	 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	 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. This is well managed by taking medication. You take one tablet twice daily. You can't remember the name of the medication. 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.

*Additional details (i.e. Personal memories, children's names/stories, other interests and hobbies) may be improvised as required.

Patient back	ground
What brought you to hospital	 You were feeling unwell at home 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	 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	8 overview
Session Scenario	 You are a patient on a busy hospital ward and were admitted yesterday. You are being assessed by speech pathology to determine if you have any swallowing difficulties that may be contributing to your recent chest infection. The speech pathology students will: Conduct an assessment of the muscles of your face, tongue and throat. Assess your swallowing by asking you to eat and drink some different liquids and foods. (They will provide the foods and drink). Recommend particular foods and drinks you are able to swallow safely (without it going down the wrong way).
Current presentation	 You are still a patient on the ward. You have an intravenous drip (IV line) in place. You are receiving antibiotics through this line. You do not have any difficulty with your speech or language. However, you do have hearing loss in both ears and often need to ask people to repeat themselves. You are feeling sick today and just want the assessment to be finished as quickly as possible. You are still a bit confused some of the time. You can be a bit vague in conversation. You would rather the information be explained to Betty and you repetitively ask when she will be visiting.
Setting	 The speech pathology students will conduct the assessment on the hospital ward. You will be in your bed wearing a hospital gown. The IV line is in your left hand. There are no other hospital staff or family present.
Learning Objectives	 The students will conduct the session in pairs. It is expected they will demonstrate the following skills: Effectively conduct a clinical swallow examination. Appropriately discuss swallow assessment results with a patient Recommend an appropriate, safe oral diet for the patient based on the results of a clinical swallow examination. Identify the need for an instrumental assessment of swallow with support from their clinical educator.
Timing	Only one student pair will conduct this session with you. The remaining students will observe the session. The session will be 15 minutes.

What the speech pathology	
students will do:	What you should do:
 Walk into your room and wake you up. 	 You are resting in bed when the students enter th room. You wake up easily once the student clinicians say your name.
 Introduce themselves Outline the plan for the session. Sit you up in bed for the assessment (you are able to do this). 	 You don't understand the reason for the assessment and would rather wait for Betty to be there: "Why do you think something is wrong?" "Did the doctors say come and see me?" "Nothing is wrong with my speaking; why do I need you?" "I'm coughing a lot and feel really tired at the moment". "What's wrong with my eating" "Betty is better at this. When is she coming? Can she talk to you?"
 Conduct an assessment of your face, tongue and throat muscles. Parts of assessment will be: 	 You are mostly cooperative although just want th assessment to be finished. You will have trouble hearing some of the things that they ask you to d
o Jaw.	You are able to move your jaw easily and normal
 Face/Lips. 	• You are able to complete all movements normally You need to think about the instruction sometime and may take some time to respond.
o Tongue.	 You can do all movements easily. BUT when aske to push your tongue inside your cheek against the student's finger, it is not a very strong movement
 Cough. 	 Your cough is weak. If they ask you to "try coughing stronger," you are still only able to do a weak cough.
o Voice.	• Your voice is normal. Do the tasks as you normal would.
 Dry Swallow (swallowing saliva only and not food or drink). 	 You need to think about this instruction at first be then you are able to do the dry swallow without difficulty.
Give you foods/drink to eat	• You want the assessment to be finished as soon a

What the speech pathology students will do:	What you should do:
 swallow. They may "feel your swallow" while you are eating/drinking by placing their hand on your neck. They may ask to look in your mouth or ask you to say "aah" after you swallow. 	 You are able to use the cups and spoons. independently. You don't need any help and will tell the students that if they try to help you.
 The students may give you: Biscuit. 	• Eat one half of the biscuit. Keep the biscuit in your mouth/chewing until the count of 25. Then point to the water on the table as if you need it to help you swallow. Take one sip of water. Do not cough after swallowing this. Eat the second half of the biscuit. A previously. You can make the comment "It takes m a few swallows to get it down".
o Marshmallow.	• You take a long time to chew the marshmallow. Count to 20. Swallow twice.
o Diced Fruit.	 You are able to eat this normally. Just chew it and swallow it as you normally would. You might say "that was easier to eat".
 Normal fluids (probably water)– single sips only. 	 You are able to drink water okay for single sips. Drink it and swallow it as you normally would. 2-3 seconds after you've swallowed, clear your throat. If the student offers you more before this signal for them to wait and then clear your throat.
 normal fluids (probably water) – continuous drinking. 	 Drink half a cup of water in one go. Cough immediately after you swallow (as if it's gone down the wrong way). You tell the students "that went down the wrong hole".
 Mildly thick drink (will be the consistency of a smoothie) – green lid. 	 This will be the best consistency for you. Drink this as you normally would. Do not do any throat clearing or coughing after you have swallowed it. You may comment – "that was thicker" but concede, "it was

The simulation	
What the speech pathology students will do:	What you should do:
 Moderately thick or Extremely thick drinks orange and blue lid drinks (these will be like a thick custard consistency). 	 easier to go down" or "I guess it didn't make me cough". If the students give you even thicker drinks, drink them as you normally would. Do not cough or clear your throat after you drink them. You can say "I don't want to drink jelly" or "that doesn't taste any good".
• Discuss the results of the assessment with you.	• You are happy to listen but often say "Betty is better with this. You should tell her". "Oh I won't remember that".
 The students may: Recommend you change to a modified diet and fluids. 	 You are compliant with the recommendations but may say "But only while I am in hospital right?"
 Suggest you need to have an xray of your swallow. This will be a "Videofluoroscopy" or an 'x-ray' of the swallow. 	 You ask: "How do they x-ray my swallow?" "Is that really necessary?" "Will it keep me in hospital longer? I want to go have a beer with the guys at the club."
Wrap up the session.	 You thank them for their time. You are concerned about all the information and ask that they tell Betty. "You will let Betty know won't you?"



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)

Simulation	12 overview – two (2) days later
Session Scenario	This session is taking place two days after your initial assessment in hospital. This simulation also includes your wife, Betty. You are used to Betty handling a lot of home details so defer to her a lot.
	You and Betty are meeting with the speech pathology students to discuss:
	 The results of your xray swallow (formally known as Videofluoroscopy Swallow Study or VFSS) Recommendations for the types of fluids and foods that you are safest to eat based on the results of the xray swallow. Plans for ongoing monitoring of your swallowing by speech pathology after your return home.
	you return home.
Current presentation	 You have now been discharged from hospital. You have finished the antibiotics and are doing much better. The medical team has said you are well enough to return home. You are feeling a bit fed-up with being in hospital and are very keen to get home. You are cooperative with the conversation although clearly appear to be hoping the meeting will end quickly so you can leave the hospital. You listen to recommendations, but don't retain much information. You feel that it is Betty's job to listen since she will be doing the cooking and drink preparation. You want to know when you can go back to eating and drinking normally.

Setting	 The meeting will be in a speech pathology rehabilitation clinic room. You and Betty will meet with speech pathology students. There will be no other hospital staff or family present. You will be wearing casual clothes and have your overnight bag packed, ready to go home. You and Betty are waiting in the waiting area before being collected by the students and taken to the room.
Learning Objectives	 The students will conduct the session in pairs. Other students will not be observing the session.
0.0,000,000	 It is expected they will demonstrate the following skills:
	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 you and Betty how to appropriately manage your
	dysphagia at home (e.g. where to purchase thickened fluids, how to make thickened fluids, catering for texture modified diets etc.)
	4. Respond effectively and appropriately to your and Betty's questions
	and concerns.
Timing	• Each session will run for 15 minutes .
	• Each student pair will have an opportunity to conduct the session with you
	and Betty. As such, you will repeat the same session 3-4 times. It's important that you are consistent in your presentation across the sessions.

The simulation	
What the speech pathology students will do:	What you should do:
 Collect you and Betty from the waiting room. Make small talk as you move to the clinic room. 	 You and Betty 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. As you walk towards the clinic room you may comment, "I hope this goes quick enough I'm ready to get out of this hospital".
 Introduce themselves Outline the purpose of the session. 	 You are polite and say "good to see you" You try to hurry everything along so that you can leave quicker. "Great that sounds great so what do I need to know?" "What did you find out about my swallow?" "Do I have to keep drinking that muck?"
• Explain the results of your xray swallow (VFSS).	 You listen to what the students say although often indicate that the students should speak with Betty rather than him because "she's the one that does the cooking".
 Provide recommendations as to the safest food and drink for you to consume. Mildly thick fluids. Minced-moist diet. 	 If the students speak too softly you will ask them to repeat themselves. You often get frustrated if you miss too much information. "What did you say love?" "Speak up love, I keep missing what you say". "Glad you're here Betty, I can't hear what they say" You do ask several questions: "When will this get better?" "So I can just keep eating everything I normally do?" "These thick fluids – they are the ones I've been getting up on the ward?" "So what's wrong with my swallowing?" "And is the food and drink the only thing that I can help?" "Do I do any exercises to get it all working better?"
 Detail the follow-up plans. 	 You don't want to come back to hospital if it can be avoided. "Do I have to come back here to see you?" "So someone can come to see us at home? That's good love."

The simulation	
What the speech pathology students will do:	What you should do:
Ask if you have any questions	 Additional questions (to above) may include: "Can I still drink beers with the boys at the club?" "What type of food do I order at the club?" "What happens if I eat a burger or something at the club?" "How long will it be like this for?"
Wrap-up the session	 You thank the students for their time. You may say "Okay Betty let's get out of this hospital."