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Simulation-based Learning Program

Simulated patient training
Mrs Margaret (Margie) Henderson

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 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:

Mrs Margaret (Margie) Henderson

Timetable		
Simulation 5	Swallowing assessment	DAY 3 AM <ul style="list-style-type: none"> • Arrive at university: 9:00am • Preparation: 9:00am – 9:40am • Simulation: 9:40am – 11:00am
Simulation 6	Speech and language assessment	DAY 3 PM <ul style="list-style-type: none"> • Preparation: 12:30pm – 1:00pm • Simulation: 1:00pm – 2:30pm
Simulation 11	Bedside therapy session	DAY 4 PM <ul style="list-style-type: none"> • Arrive at university: 1:00pm • Preparation: 1:00pm – 1:30pm • Simulation: 1:30pm – 2:45pm • Feedback: 3:00pm – 3:15pm
	Simulated patient to provide feedback to students	

General character information	
Name	Margaret (Margie) Henderson
Age	66 years
Address	19 Harold Street, Middleton
Family	<ul style="list-style-type: none"> • Husband (John Henderson). You have been married for 35 years. • Together you have 2 children (1 daughter and 1 son) who are both married with children. • You and John have 5 grandsons and are very involved with their lives. • You have a very supportive husband and family.
Occupation	<ul style="list-style-type: none"> • You do not work but are very involved with your local community. • You are a well-respected member of the community.
Personality	<ul style="list-style-type: none"> • You are a social, pleasant wife, mother and grandmother. • You love spending time with your family. • You enjoy socialising with your friends.
Hobbies	<ul style="list-style-type: none"> • You are active in the community. • You attend church each Sunday. • You co-ordinate the church knitting group. • You volunteer for meals on wheels twice a week.
Medical History	<ul style="list-style-type: none"> • You have never been in hospital before except for the birth of your children. • You don't do any regular scheduled exercise but keep busy taking grandchildren to the park or picking them up from school. • You were recently diagnosed with high blood pressure by your GP. He has prescribed you with Coversyl to manage the high blood pressure. You take 1 tablet each morning. • You wear glasses for reading.

Patient background	
What brought you to hospital?	<ul style="list-style-type: none"> • You had a left hemisphere stroke 2 days ago. • John (your husband) found you at home unconscious on the kitchen floor when he returned from the bowls club. • You were brought into the Emergency Department (ED) of the National Simulation Health Service (NSHS) by ambulance. • You were then admitted to the Acute Stroke Unit (ASU).
What has happened since you have arrived in hospital?	<ul style="list-style-type: none"> • You have had a CT head scan that has confirmed the stroke. • In ED the nursing staff determined that you were unable to eat and drink safely so they inserted a tube into your nose (that goes to your stomach) to feed you (called an NGT or nasogastric tube). • You are now nil by mouth (NBM) i.e. cannot eat or drink anything (including taking medication) awaiting a formal swallowing assessment by a speech pathologist. • The speech pathologist has tried to assess your swallow and communication however you have been too drowsy. • For the past day you have been more awake. Also, the tube in your nose that was feeding you dislodged overnight so it was removed by the nursing staff. You are still nil by mouth.
Current presentation	<ul style="list-style-type: none"> • You are in bed, a bit drowsy but respond to voice (if someone was to say your name) and touch (if someone touched you on the arm). • Your eye contact is good and you try to communicate. • You are pleasant and co-operative although you are not feeling well today. • You have significant weakness of the muscles in your face, arms and legs on the right side of your body. i.e. you cannot lift or use your right arm or right leg in any way (refer below for information about movement in your face). • Normally you use your right hand for all tasks (i.e. you are right handed). Currently you are trying to use your left, non-dominant hand, to lift things and feed yourself but you have a lot of trouble with this. • You don't have any dentures. • Your hearing is adequate for your age. • You require glasses for reading only. • You have a IV drip inserted into the back of your right hand (we will not actually be inserting an IV drip. You will just have a tube taped to the top side of your hand). • Late yesterday afternoon, a physiotherapist saw you. From their assessment they determined that you need a lot of assistance to move i.e. sit up in bed. • You are aware that you are having difficulty with your talking as you are saying words that are not correct and are having trouble thinking of the name of things. • You know the word that you want to say but you can't get it out. • You are keen to try to eat and drink something as you have not eaten

	<p>now for over 2 days and your mouth is very dry.</p> <ul style="list-style-type: none"> • You do not remember anything about the stroke other than you were in the kitchen and felt tired. • You are aware that you are in hospital.
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Simulation 5 overview	
Scenario overview	<ul style="list-style-type: none"> • Student speech pathologists are meeting you (Margie) for the first time on the acute stroke unit (ASU) in the hospital. • Previously you have been too drowsy to have a speech pathology assessment conducted. • You present with: <ul style="list-style-type: none"> ○ difficulty with eating and drinking (this is called <i>dysphagia</i>), ○ a lot of difficulty finding the correct words when you speak, ○ some difficulty understanding what is said to you, ○ difficulty reading, ○ difficulty writing, <p>(all of the above characteristics are called <i>aphasia</i>),</p> <ul style="list-style-type: none"> ○ slurred speech (this is called <i>dysarthria</i>). <p>The student speech pathologists are wanting to:</p> <ol style="list-style-type: none"> 1. Assess your swallowing function to see if you are safe to commence eating and drinking. 2. Recommend an appropriate modified diet and fluids for you guided by the results of the assessment findings. 3. Communicate the results of the swallowing assessment to yourself, your daughter, Jessica, and the treating nurse, Anna. <p>Student clinicians have 1hr and 20 mins to complete the above tasks.</p>
Learning objectives	<p>When managing your care, the student speech pathologists will aim to achieve the following:</p> <ul style="list-style-type: none"> • Ensure that you are prescribed food and fluid that you are able to swallow safely. • Continue to monitor your swallowing function over the course of your admission and modify your food and fluids accordingly. <p>It is expected that the student speech pathologists involved in your care will be able to:</p> <ol style="list-style-type: none"> 1. Effectively conduct assessments at your bedside to determine muscle weakness and to assess how safe and effective your swallowing function is. This will help them decide whether you can start eating and drinking again and what sorts of foods and fluids you can have. 2. Effectively communicate and provide information to family and nursing staff regarding Margie’s current swallowing status and safety requirements for oral intake.

<p>Setting</p>	<ul style="list-style-type: none"> • You will be lying in bed resting with your eyes closed awaiting the arrival of the student speech pathologists. • Your eyes open when you hear your name being said. • No other hospital staff or family members are present with you today. • You are wearing a hospital gown. • Your glasses should be off and on the bedside table, <div data-bbox="467 517 1102 902"> </div>
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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"> • You are to open your eyes in response to your name being called. • You acknowledge them by smiling, maintaining eye contact. • You try to respond to questions and initiate conversation but you have trouble with getting the words out.
<ul style="list-style-type: none"> • Student clinicians will 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 but if things are not clearly explained you should indicate that you are confused. • If the explanations or information are not clear or too long then you should start to look confused as you cannot understand the information. • If the student clinicians ask you to complete any instructions, you will cooperate, but perform all tasks very slowly, with hesitation and obvious effort. • You make attempts to speak but you only use 1 or 2 words at a time.

The simulation	
<i>What the speech pathology student clinicians will do:</i>	<i>What you should do:</i>
	<p><u>Presenting appearance in simulation:</u></p> <ul style="list-style-type: none"> • Aware that you are having difficulties. • Become a little frustrated with yourself at times when you have difficulty saying the words. • You often look down and put your hand to your head whilst shaking your head when you have trouble finding the right word. • It is obvious on your face that you are thinking about the word and you make a number of attempts in trying to find the right word. • You might say words that are close to the target word. The wrong words that you say might sound like the target word, for example, 'moat' for 'boat' OR they may be associated with the target word. For example, 'orange' for 'apple'.
<ul style="list-style-type: none"> • Student clinicians may ask you questions before they start their assessment <ul style="list-style-type: none"> ○ What is your name? ○ Where are you? ○ What day is it today? ○ Do you know why you are in hospital? 	<ul style="list-style-type: none"> • You are able to use hand gestures and facial expressions to help convey information such as pointing to yourself to indicate "my". • Slow to respond but say slowly – "Margie" • "Ho... hos.." (trying to say hospital) • Unable to answer straight away. Student clinicians may provide you with cues such as stating days of the week. If they do, nod your head with the correct response. If not shake your head as you are unable to say the word. • Think about this for a while. Nod as though you understand the question if the students repeat themselves. The only thing that you are able to say after some thought is "s.. stroke".
<ul style="list-style-type: none"> • Student clinicians will help position you in the bed – sit you up. 	<ul style="list-style-type: none"> • You are to slump to the right side. • If this process makes you feel uncomfortable, indicate this to the students through your facial expressions.
<ul style="list-style-type: none"> • Student clinicians will commence an assessment of your muscles of your face, tongue and throat. 	<p>Note: overall your muscles are slower to move and weaker as a result of your stroke. Your right side is more affected than your left.</p>

The simulation	
What the speech pathology student clinicians will do:	What you should do:
<ul style="list-style-type: none"> • Student clinicians will provide you with an explanation of what they are going to do : <ul style="list-style-type: none"> ○ Jaw ○ Face/Lips ○ /p/ /t/ /k/ ○ Cough ○ Dry swallow (swallowing saliva only) ○ Voice 	<ul style="list-style-type: none"> • If the information provided is too complex then indicate that you are confused. You could shrug your shoulders, look confused through your facial expression and/or lift up your left arm as if to say <i>I don't know</i>. • You are able to open and close your mouth with and without resistance (though you will find it a lot harder when the students provide resistance). Your movements are slow. You are able to move your jaw to the left and right. Movements will be slow and effortful. • When asked to raise and lower your eyebrows you are able to do this. You are able to close and open your eyes. When asked to pout your lips you do this but it looks weaker on the right side. When asked to smile over exaggerate your left side (keep your right side less animated). When asked to puff out your cheeks with air, let air escape from the right side of your mouth. You are slow to carry out all tasks. • You are able to make the individual sounds but the movements are slow and you pause for 2 seconds between each sound. You can repeat the sounds once. You cannot put the three sounds together. Say 'p', 'p' 'p' instead of 'p-t-k'. • You are able to cough when requested but it is really effortful and weak. • You take a long time to be able to start a swallow (remember you have a very dry mouth). Move your mouth around a lot as if you're trying to create saliva and then, after 5 seconds, swallow effortfully. • You speak in a softer volume than normal but audible to the student speech

The simulation	
<i>What the speech pathology student clinicians will do:</i>	<i>What you should do:</i>
<ul style="list-style-type: none"> ○ Tongue 	<p>pathologists.</p> <ul style="list-style-type: none"> ● When you are asked to stick your tongue out, stick it out to the far right side. Your movements are slow. You can move your tongue to the left but not all the way. You can only move it up and down slightly.
<ul style="list-style-type: none"> ● Student clinicians will commence a swallowing assessment where they will give you food and drink. ● They may “feel your swallow” while you are eating/drinking by placing their hand on your throat. ● They may ask to look in your mouth or ask you to say “ah” after you swallow. ● The students may give you: <ul style="list-style-type: none"> ○ Biscuit. ○ Marshmallow. ○ Diced Fruit. 	<ul style="list-style-type: none"> ● You are keen to try something to eat and drink. ● You can only use your left hand to hold a cup and/or spoon but you are able to feed yourself most of the time. ● The students will try to help you and you allow them but not all the time. ● You take a very long time to chew the biscuit (count to 25 before swallowing). After you swallow cough as if you are choking on a bit of the biscuit. Stop after 3-4 seconds. ● You still have some of the biscuit still in your mouth on the right side when the students look in your mouth. You find the biscuit very dry and trying to eat it, exhausting. ● You look tired chewing this. Swallow three times. ● Take one bite (half) of the marshmallow. Take a very long time to chew it (count to 25). As above, after you have swallowed, cough and look like you are choking a bit on the marshmallow. Stop after 3-4 seconds. ● You are able to manage this much better than the biscuit and marshmallow. You don’t take a long time to chew (3-4 seconds longer than you normally would) and are able to swallow it without coughing or choking.

The simulation	
<i>What the speech pathology student clinicians will do:</i>	<i>What you should do:</i>
<ul style="list-style-type: none"> ○ Thin or normal fluids. (probably water) – single sips only ○ Mildly thick fluids (green lid) ○ Moderately thick fluids (orange lid) ○ Extremely thick fluids (blue lid) 	<ul style="list-style-type: none"> ● When you put the cup to your lips some of the water will spill out of the right side of your mouth (most of it will be contained in your mouth however). Swallow the water and then start coughing as if it has gone down the wrong way. Please ensure that you act this (i.e start coughing) as it is dangerous for you to try to aspirate. ● You do not spill any of the fluids out of your mouth. ● You swallow without coughing. ● As above but it takes you longer to swallow it (count to 3 while it's still in your mouth). ● You do not spill any of the fluids out of your mouth. ● You swallow without coughing. ● As above but it takes you longer to swallow it (count to 3 while it's still in your mouth). It's thicker and you find it more effortful to swallow. You start to get tired overall at this point. ● You can manage this consistency but it is much thicker and takes you even longer to swallow. ● It's thicker and you find it more effortful to swallow. You start to get tired overall at this point. ● Do 3-4 swallows for each mouthful. Look very tired and as though this is really effortful.



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 fruit
Minced and moist (two fruits)
Soft (marshmallow)
Normal (biscuits)


This simulation is a continued session of Simulation 5. The speech pathology student clinicians will now be completing this session after their session was interrupted by the medical team.

Simulation 6 overview	
Scenario Overview	<ul style="list-style-type: none"> • You have had your swallow assessed by the student clinicians earlier in the day and are safe to commence on an oral diet of mildly thick fluids and a minced/moist diet. • The session was interrupted as the medical team needed to review you so the student clinicians are returning to see you to complete an assessment of your language and speech. <p>The student clinicians are wanting to:</p> <ol style="list-style-type: none"> 1. Assess your speech and language skills following your stroke. 2. Recommend strategies that would be appropriate to facilitate communication with you. 3. Communicate the results of the speech and language assessment to yourself and the treating nurse, Anna. <p>Student clinicians have 1hr and 30 mins to complete the above.</p>
Learning objectives	<p>When managing your care, the student speech pathologists will aim to achieve the following:</p> <ul style="list-style-type: none"> • Assist you to access the correct words when you are trying to talk. • Assist you so that you sound less slurred when trying to speak. • Assist recovery of your communication by starting to work on tasks to help you find the words that you currently are having trouble finding. <p>It is expected that the student clinicians involved in your care will be able to:</p> <ol style="list-style-type: none"> 1. Effectively administer an appropriate clinical bedside screening assessment of speech and language. 2. Effectively communicate and provide information to nursing staff regarding your current speech and language status and appropriate communication strategies.
Setting	<ul style="list-style-type: none"> • You will be lying in bed resting with your eyes closed awaiting the arrival of the student clinicians. • Your eyes open when the students say your name. • You will be feeling more tired than when you were when you were seen by the speech pathologists earlier in the morning. • No other hospital staff or family members are present with you today. • You are wearing a hospital gown. <div style="display: flex; justify-content: space-around; align-items: center;">   </div>

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 re-introduce themselves. 	<ul style="list-style-type: none"> • You are to open your eyes in response to your name being called. • You acknowledge them by smiling, maintaining eye contact. • You remember seeing them from earlier in the day. • You attempt to respond to questions and initiate conversation but you have trouble with getting the words out.
<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 but if things are not clearly explained you should indicate that you are confused. • If the explanations or information are not clear or too long then you should start to look confused as if you cannot understand the information. • If the student clinicians ask you to complete any tasks, you will cooperate, but perform all tasks very slowly, with hesitation and obvious effort. • You make attempts to speak but you only use 1 or 2 words at a time. <p><u>Presenting appearance in simulation:</u></p> <ul style="list-style-type: none"> • Aware that you are having difficulties. • Become a little frustrated with yourself at times when you have difficulty saying the words. • You present as interested but not too keen on completing all of the tasks. • You often look down and put your hand to your head whilst shaking your head when you have trouble finding the right word. • It is obvious on your face that you are thinking about the word and you make a number of attempts in trying to find the right word. • You might say words that are close to the target word. The wrong words that you say might sound like the target word, for

	<p>example, 'moat' for 'boat' OR they may be associated with the target word. For example, 'orange' for 'apple'.</p>
<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 able to use hand gestures and facial expressions to help convey information such as pointing to yourself to indicate "my".
<ul style="list-style-type: none"> • Student clinicians will position you in the bed – raise you to be upright (if you are not already). 	<ul style="list-style-type: none"> • You are to slump to the right side. • If it is uncomfortable when the students reposition you indicate that this is the case through your facial expressions.
<ul style="list-style-type: none"> • Student clinicians will commence an assessment of your speech and language. • Student clinicians will provide you with an explanation of what they are going to do. 	<ul style="list-style-type: none"> • Please see information in the <i>NSHS Basic Language Screener</i> at the end of this training guide. • Please see information in the <i>NSHS Informal Motor Speech Assessment</i> at the end of this guide. • If the information provided is too complex then indicate that you are confused.

This simulation is conducted a few days after the initial assessments in Simulations 5 and 6. The speech pathology student clinicians will now be conducting intervention at the bedside with you.

Simulation 11 overview	
Scenario overview	<p>This scenario is set one week after the initial speech pathology assessments. In this session they will be conducting a therapy session with you (at bedside). You remember the student clinicians but have been receiving therapy from a different speech pathologist since the initial assessments were conducted.</p> <p>You continue to present with difficulty eating and drinking (dysphagia), finding the correct words when you speak (aphasia), and speaking clearly (dysarthria).</p> <p>The student clinicians are required to:</p> <ol style="list-style-type: none"> 1. Implement a therapy task with you for your speech, language and swallowing difficulties. 2. Provide appropriate feedback during the tasks to support you during the treatment session. 3. Write a clear and comprehensive discharge / transfer summary for the next rehabilitation facility that you will be attending closer to home. <p>Student clinicians have approx. 15 mins per student pair to complete the above. Each student pair will treat a different area.</p>
Learning objectives	<p>When managing your care, the speech pathologist will aim to achieve the following:</p> <ul style="list-style-type: none"> • Assist you to access the correct words when you are trying to speak. • Assist you so that you do not sound slurred when you speak. • Assist you to recover from your stroke by starting to work on tasks to help you find the words that you currently are having trouble finding. <p>It is expected that the student clinicians involved in your care will be able to:</p> <ol style="list-style-type: none"> 1. Implement a therapy task with for your speech, language and or swallowing difficulties following your stroke. 2. Provide appropriate feedback during the tasks to support you throughout the treatment session.
Setting	<ul style="list-style-type: none"> • You will be lying in bed resting with your eyes closed awaiting the arrival of the student clinicians. • You open your eyes when your name is said. • No other hospital staff or family members are present with you today. • You are wearing your pyjamas. <div style="text-align: right;">  </div>

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 re-introduce themselves. 	<ul style="list-style-type: none"> • You are to open your eyes in response to your name being called. • You acknowledge them by smiling, maintaining eye contact. • You remember seeing them previously. • You attempt to respond to questions and initiate conversation but you have trouble with getting the words out. • You often nod as if you are in agreement.
<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 but if things are not clearly explained you should indicate that you are confused. • If the explanations or information is not clear or too long then you should start to look confused as though you cannot understand what is being asked of you. • If the student clinicians ask you to complete any tasks, you will cooperate. You will perform tasks slower than usual with some hesitation. • You make attempts to speak but you only use 3 to 4 words at a time e.g., 'bit better' • You are very keen to commence therapy with the student clinicians. • You are aware that you are having difficulties.
<ul style="list-style-type: none"> • Student clinicians will position you in the bed – raise you to be upright. 	<ul style="list-style-type: none"> • Indicate when you have been raised high enough in the bed and it is comfortable by lifting your hand to say 'stop'. • If it is uncomfortable indicate that this is the case through your facial expressions. • You are still unable to use the right side of your body.
<ul style="list-style-type: none"> • Student clinicians will commence the therapy session with you. The therapy session will work on your swallowing, speech and language skills. • Student clinicians will provide you with an explanation of what they are 	<ul style="list-style-type: none"> • Please see information below regarding your responses. • If the information provided is too complex then indicate that you are confused/do not

going to do.	understand.
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Therapy tasks (example responses)

<i>What the speech pathology student clinicians will do:</i>	<i>What you should do:</i>
Swallowing	
<ul style="list-style-type: none"> Student clinicians will introduce the swallowing therapy task of an effortful swallow with you. <p>Effortful swallow exercise steps</p> <ol style="list-style-type: none"> Take a sip of water and HOLD in your mouth. Think of swallowing something big e.g., apple, orange. Swallow the water down with a strong swallow. 	<ul style="list-style-type: none"> You can use gesturing to help indicate your responses such as thumbs up, head nodding. Copy gestures if used by the student clinician. Pay attention to the student clinicians when they are explaining the steps. You can occasionally cough with the thin fluids but generally this exercise works well for you to have thin fluids safely (without coughing).
Receptive language (i.e. understanding what is being said to you)	
<ul style="list-style-type: none"> Student clinicians will introduce a variety of language therapy tasks (understanding skills) <p><u>Example task:</u></p> <ul style="list-style-type: none"> Students will show you semantic maps with a picture in the middle. They will ask questions with the target word associated to the picture and ask you to choose from the list of words e.g., target picture is tiger – student will ask where would a tiger live? You will select the correct response from the 3 words. 	<ul style="list-style-type: none"> Hesitate in your response, go to point at the correct word but then stop to think The student might also provide you with cues to help you identify the correct response Initially, you have trouble but as the session progresses you can get more of these correct.
Expressive language (i.e. talking)	
<ul style="list-style-type: none"> Student clinicians will introduce the language therapy task. <p><u>Cued Spoken Naming Task</u></p> <ul style="list-style-type: none"> Students will ask you to name a picture card. Student clinicians will use a hierarchy to give you clues to help you find the correct word. 	<ul style="list-style-type: none"> Hesitate in your response Indicate that you are aware that you are having trouble Occasionally, become stuck on the first sound of the word e.g., /s/ Occasionally say the wrong word but as the task continues you can correctly name some of the pictures. You will have about 60-70% accuracy with this task.
Speech	
<ul style="list-style-type: none"> Student clinicians will introduce a speech therapy task to help make 	<ul style="list-style-type: none"> Follow the students instructions while exhibiting the following:

<i>What the speech pathology student clinicians will do:</i>	<i>What you should do:</i>
your speech clearer.	<ul style="list-style-type: none"> • Difficulty with words that begin with /b/ and /p/. • Frequent pauses which indicate that you have to think about the sounds you are trying to produce. • Do <i>not</i> stutter on sounds e.g., p-p-pull



BASIC LANGUAGE SCREENER - example activities/responses

Patient: Margie Henderson **URN:** 24586 **Date of Assessment:** _____ **Assessor:** _____

Auditory comprehension

Yes / No Questions: I'm going to ask you some questions. Answer yes or no.
(Responses may be verbal or gestural)

Personal		Abstract	
Is your name Margie?	YES	Is this a hotel?	YES
Do you live in Middleton?	NO	Can a car fly?	YES
Is there a television in the room?	NO	Are circles round?	NO
Are you in hospital?	YES	Does it snow in winter	YES
Are you awake?	YES	Does April come before October?	NO
(Personal) Score:		(Abstract) Score	
(Personal + Abstract) TOTAL SCORE:			____/10

Single Word Comprehension: I'm going to ask you to point to some objects in the room.

Floor x Light ✓ (with hesitation) Chair ✓
Ceiling ✓ Pillow ✓ (with hesitation) **Total Score** _____ / 5

Single Command Comprehension: I'm going to ask you to do some things. Please listen to the whole instruction before you start. Slower and with hesitation for all commands

Raise your arm ✓ Touch your nose ✓
Shake your head x (nod head) Lick your lips ✓ **Total Score** _____ / 4

Sequential Command Comprehension: I'm going to ask you to do some things. Please listen to the whole instruction before you start.

Point to the ceiling and then to the floor x Points to the ceiling and then the wall
Before clapping your hands, close your eyes x [Unable to clap hands] Students need to change instruction
After you touch your nose, touch the bed repetition of the command needed ✓
Total Score _____ / 3



Complex Command Comprehension:

Tap the chair twice with a clenched fist, while looking at the ceiling x tap bed with open hand then look at ceiling

Blink your eyes twice, then point to the ceiling and then the door x blink eyes twice then do nothing

Total Score _____ / 2

Verbal expression

Automatic Naming

Personal: What is your:

✓/x

- Full Name: Say "Margie"... but you are unable to say last name
- Address: Say "I don't know" and shake your head

Spontaneous Speech: If asked to complete just use 1-2 word responses to answer the questions below. Indicate that you are feeling more tired

Can you tell me a bit about your family?

___John. John. Hus....Yep. John. *Hold up 2 fingers and say 'kids'*. Um. 2. Um. Jess. Pete. Peter___

Make a gesture as if you're indicating that you have small grandchildren – perhaps cradling a baby or showing the height of a small child. Answer 'yes' if the clinicians asks if you have grandchildren but you are unable to name them. You become a bit emotional at the thought of family.

What is/was your occupation?

Mum. Yep. Mum.

Serial Speech: I am going to ask you to:

✓/x

- Count from 1 to 20: "1, 2, 3, 4, 5, 6, 7, 8, 9, 10, hesitate 11, 12, 13, 16, 17, 19, 20" (slowly)
- Say the days of the week: "Monday, Tuesday, Tuesday, No. *You need a prompt to say Wednesday and Thursday, Friday, Sat, Sunday*" (pause between some words).
- Say the months of the year: "January, February, (pause). Um. April, June, tember" (unable to finish task - very slow



Naming

Confrontation:

(Use the attached page of picture stimulus)

1. Pen "pen"
2. Bed "ben no no ben no" (shake head)
3. Cup/Mug "tup, stup.... Ah cup"
4. Light "cup"
5. Chair "chair"

Description:

1. What do we drink with? Hand gesture to indicate drinking out of cup. "cup"
2. What do we clean our teeth with? "broom" but make a brushing teeth action. If cue given still say "broom"
3. What do we tell the time with? "clock"
4. What do we sleep in? "pyjamas" "couch" oh "ben"
5. What do we write with? "pen" **Score ____ / 10**

Sentence Completion:

Can you finish these sentences for me?

- Up and _____ "down" with hand gesture
- Left and _____ "round"
- Boys and _____ hesitate and wait for another repetition from the students then say "girls"
- Shut the _____ "door"
- The grass is _____ "brown" **Score ____ / 5**

Repetition

Single Sounds: Say these sounds after me...

/t/ ✓ /m/ ✓ /a/ ✓ /r/ ✓ /e/ ✓

Score ____ / 5

Words: Say these words after me...

apple ✓ sun ✓ plant ✓
table ✓ hospitalx "hospl"

Score ____ / 5

Phrases/ Sentences: Say these phrases after me...

The plane was fast "The plane..... can't remember". If you are given a second attempt and hear it again, then you will say this correctly.

Pick up the phone "Pick up the fork"



Roses are red, violets are blue “I know - Roses are red, vi” (you can’t say this word) “are blue”

Do you know what the day is? “Tuesday” Wait for the student to repeat then say “Do you? (as if you’re asking the student clinician)”

Along the river, there was a little brown cottage “On river....”

Score ____ / 5

Picture Description:

Look at this picture (*picture included in workbook below*). Tell me what is going on in this picture.

“Oh. Oh no..... cat, tree, stuck, uhm cat uhm cat stuck. Man help”. Girl – use gesture as if to encourage the cat to jump into the girls arms and say “Come”. Stop talking. Wait for the student clinician to prompt you for more.

Name 4 other objects or actions that you can see - Eg.’s – Save; Fire; Dog...”Oh no”

Sigh occasionally and hand to head as if you are trying to think of the name of words.

Reading comprehension

(Use attached stimuli sheet)

Please read these instructions and follow them.

- Point to your:
 - Nose ✓
 - Bed ✓
 - Chair ✓
 - Ceiling x
 - Pillow ✓

- Complete the following:
 - Touch your nose ✓
 - Wave your hand ✓
 - Shake your head x (nod your head)
 - Touch your ear and your knee x only touch your ear
 - Close your eyes and tap your leg x close your eyes and attempt to tap your leg



Writing

Writing:

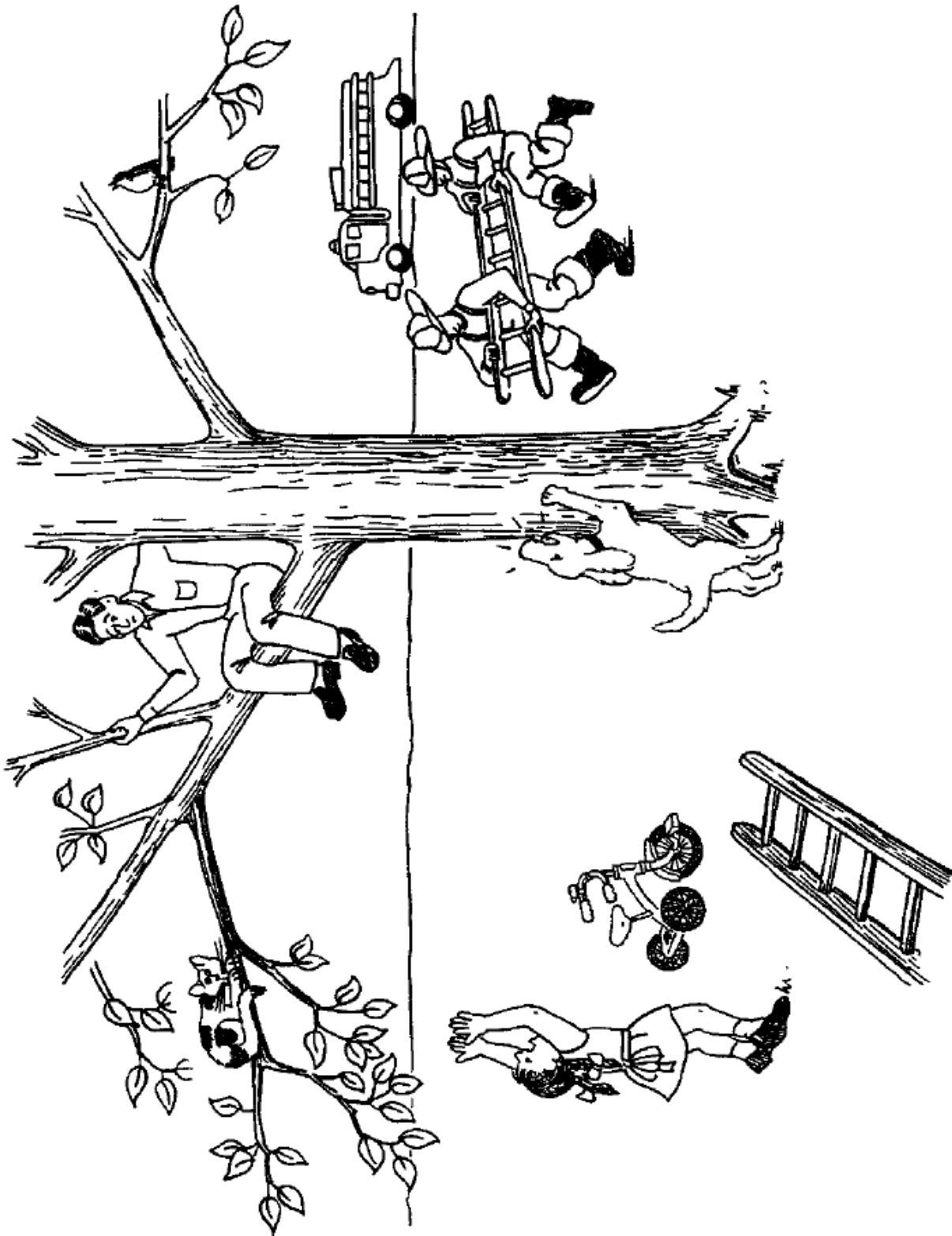
(Use the attached writing subtest response forms)

Unable to complete any writing tasks. You usually write with your right hand but now it's too weak. If the student clinicians suggest you try holding it in your left hand indicate non verbally that it's too difficult to do and that you're too tired to complete any further assessment.

Read and follow these instructions:

1. Point to your nose
2. Point to the bed
3. Point to the chair
4. Point to the ceiling
5. Point to the pillow

6. Touch your nose
7. Wave your hand
8. Shake your head
9. Touch your ear and you knee
10. Close your eyes and tap your leg





INFORMAL MOTOR SPEECH ASSESSMENT – example activities

NB: the students may ask you to do more activities than that listed below. These examples will give you an idea.

Patient: Margie Henderson URN: 24586 Date of Assessment: _____ Assessor: _____

Assessment of cranial nerve function

- Obtain information regarding: size, symmetry, strength, range, tone, steadiness, speed and accuracy of orofacial movements.
- Observe musculature: at rest, during movement, during sustained postures, reflexive movements as appropriate.

Cranial Nerve:	Observation:
I, II, III, IV, VI, & VIII	This assessment has already been completed when the student clinicians assessed your swallowing function. If the students attempt to do this assessment act disinterested.
V	
VII	
IX, XI	
XII	

Vowel prolongation

Instruction: "Take a deep breath and say "ah...." For as long and as steadily as you can, until you run out of air."

- Time about 10-12 (seconds). This sounds weak though and you run out of breath at the end.
- Observe: Pitch, loudness, vocal quality, jaw, face, tongue and neck.

Motion rate tasks

"Take a breath and repeat _____ for as long and as steadily as you can."

- Observe speed, range, coordination and regularity of movements (articulatory of lips and jaw) and presence of interruptions or extraneous movements.

/p[^]p[^]p[^].../ already completed this earlier

/k[^]k[^]k[^].../ already completed this earlier

/t[^]t[^]t[^].../ already completed this earlier

/p[^]t[^]k[^].../ already completed this earlier

NB: If patient has difficulty with /p[^]t[^]k[^]p[^]t[^]k[^]/ substitute with "buttercup, buttercup".



Conversational speech

Possible topics students may use to facilitate conversation:

- What are your concerns with your speech?
- Where have you been to on holidays?
- Please tell me about the place where you were born / grew up?
- Hobbies/interests
- Tell me about your family

Grandfather Passage (Darley et al, 1975)

Instruction: Read the following story out loud.

(See Grandfather Passage below)

You will be unable to read this passage as your reading has been affected by your stroke. Perhaps say the first two words with effort and then put your head in your hands and stop talking. If they persist. Shake your head and push it away.

Please note:

- Approximate time to read aloud by normal speakers with normal reading skills: 35-45 seconds
- Number of words in passage: 115 words

Grandfather Passage:

You wish to know all about my grandfather. Well he is nearly 93 years old, yet he still thinks as swiftly as ever. He dresses himself in an old black frock coat, usually with several buttons missing. A long beard clings to his chin, giving those who observe him a pronounced feeling of the utmost respect. Twice each day he plays skilfully and with zest upon a small organ. Except in the winter when the snow or ice prevents, he slowly takes a short walk in the open air each day.

We have often urged him to walk more and smoke less, but he always answers, "Banana oil!" Grandfather likes to be modern in his language.

Tests for Apraxia of Speech (AOS) and Oral Apraxia
(Taken from Mayo Clinic Apraxia Screener, Wetz et al., 2005)

1. Repeat:

- /a/ _____
- /o/ _____
- /i/ _____
- /u/ _____
- /ɛ/ _____
- /au/ _____
- /aɪ/ _____
- /eɪ/ _____
- /ɔɪ/ _____
- /m/ _____
- /p/ _____
- /b/ _____
- /n/ _____
- /t/ _____
- /d/ _____
- /k/ _____
- /g/ _____
- /f/ _____
- /s/ _____
- /z/ _____
- /ʃ/ _____
- /tʃ/ _____
- /dʒ/ _____

You are able to repeat all individual sounds when asked.

2. Name the days of the week

- Sunday _Sunday_____
- Monday _Monday_____
- Tuesday ___Monday. No. No. (*sigh*). Say Tuesday after prompt.
- Wednesday _Correct after clinician prompt.
- Thursday _Correct after clinician prompt.
- Friday __Friday_____
- Saturday _Correct with prompt__

3. Repeat:

- mum _____
- peep _____
- bib _____
- nine _____
- tote _____
- dad _____
- coke ___dad. Wait for clinician to repeat then say 'coke'
- gag ___gag_____
- fife _____gag. (*sigh*) No. Fife. _____
- sis __look at clinician as if to ask them to say it again__
- zoos __zoos__
- shush _(start to look fatigued)_____
- church __church_____
- judge __judge_
- lull __judge. Wait for clinician to repeat, then say 'lull' _

4. Repeat rapidly: (equal stress? Yes / No)

- Snowman ___snow (pause). Snowman.
- Several ___sev. (pause) sev (pause) sev-ral
- Tornado ___tor (pause) (*shake head as if to say 'no, I can't do it' and look fatigued.*)
- Gingerbread ___look too tired to attempt. If they push you just say 'no'.



Artillery ___ look too tired to attempt. If they push you just say 'no'.
Catastrophe ___ look too tired to attempt. If they push you just say 'no'.
Impossibility ___ look too tired to attempt. If they push you just say 'no'.
Statistical analysis ___ look too tired to attempt. If they push you just say 'no'.
Methodist Episcopal Church ___ look too tired to attempt. If they push you just say 'no'.

zip – zipper – zippering ___ zip, zip, zip. _____

please – pleasing – pleasingly ___ please _____

sit – city – citizen – citizenship ___ sit _____

cat – catnip – catapult – catastrophe _cat. Catta. _____

door – doorknob – doorkeeper – dormitory _doorknob. _____

The valuable watch was missing ___ the watch _____

In the summer they sell vegetables ___ sum. Summer. Veges _____

The shipwreck washed up on the shore ___ ship. Ship. Ship. Shore. _____

Please put the groceries in the refrigerator ___ in fridge. _____



Simulation 11 therapy tasks

Effortful Swallow Exercise (Pouderouz & Kahrilas, 1995)

Aim:

- To make the swallow stronger.
- To help food and drink move into the stomach safely.

Instructions:

Remember you will need to squeeze hard with all of your muscles that you use when you swallow your food and drink.

1. Take a sip of water or a mouthful of food.
2. Think about squeezing very hard with your tongue and throat muscles.
3. Swallow hard feeling the effort of the muscles working in your neck when you swallow your food or drink.

You are able to carry out the instructions without any difficulty.

If you have any queries regarding your swallowing or this technique, please contact the NSHS Speech Pathology department.

Semantic map



Semantic Networks with Choice (Cardell, 2007)

For this task your success rate of choosing the correct answer will be about 60-80%. Therefore, you would choose the correct answer for 3 or 4 of the above groups. When you make errors you will choose the option that is close to the answer but not quite right. For example, if asked 'Where does this animal live - referring to the group of words: ocean, bush, jungle - you could move your finger between bush and jungle as if to say 'it's one of these'. You could then select 'bush' instead of jungle.

Trial a few of these with the training staff to practice.



Spoken Naming Cueing Hierarchy (Cardell and Lawrie, 2012)

NB: This hierarchy will be used by the student clinicians when you make an error. Just follow their prompts.

Clinician's cueing hierarchy:

Note: Encourage the individual to silently rehearse each word 'in their head' before saying the word aloud to optimise the retrieval of the correct phonological form.

Target = 'bed'

1. Phonemic cue (PC)	It starts with a 'b'.
2. Semantic cue (SC)	You sleep in it.
3. Sentence completion cue (Sent)	You sleep in a _____.
4. Sentence completion and phonemic cue (Sent & PC)	You sleep in a b_____.
5. Anagram using letter tiles (An)	
6. Written word cue/arrange letter tiles (W)	
7. Written word cue and phonemic cue (WC & PC)	
8. Repetition (Rep)	

Note: The above hierarchy is not 'set in cement'. Use your clinical judgement to modify the hierarchy of cues, according to the client's individual processing profile.

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.