Simulation-based Learning Program

Simulated patient training
Mr Tom Jones

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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 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 the 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** 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 Clarification of information Providing a summary and next steps	**Professionalism** Attitude Manner Respectfulness Inclusion in goal setting and plans
A little uneasy *at times*				
At ease *most of the time*				
At ease *at all times*				

Any further comments:

Mr Tom Jones

Timetable

Simulation 1	Clinical Educator-led session	**Day 1 PM** • Arrive at Sim Lab: 12:30pm • Preparation: 12:30pm – 1:15pm • Simulation: 1:15pm - 1:30pm
Simulation 2	Student led session Simulated patient to provide feedback to students	**DAY 1 PM** • Simulation: 2:15pm - 3:15pm • Feedback: 3:40pm – 4:00pm

General character information

Name	Tom Jones
Age	65 years
Address	86 Sixth Ave, Newtown
Family	• Wife (Fran Jones). You have been married for 40 years. • Together you have 3 children (2 daughters and 1 son) who are all married with children. • You and Fran have 6 grandchildren.
Occupation	• Semi-retired chartered accountant. • You remained at the same company for 35 years and retired due to the increased work-related stress. • You are still employed casually by the firm and occasionally consult for VIP/long standing clients of the firm. • You are comfortable financially.
Personality	• Social, pleasant man. • Friendly and always up for a chat. • 'Measured' and considered in interactions. • Proud of your family and their achievements.
Hobbies	• Camping with family. You own a caravan and often take trips away with Fran and/or children/grandchildren. • Fishing. • Sports. You and your son often attend local football matches.
Medical history	• Your GP put you on Coversyl tablets for high blood pressure a few years ago.

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

Patient background	
What brought you to hospital?	• You had a left hemisphere stroke 3 weeks ago. • Fran found you slumped and unresponsive in your armchair at home when she came home from grocery shopping. • She called the ambulance who rushed you to the Emergency Department of the National Simulation Health Service (NSHS) – the local tertiary hospital.
What has happened since you arrived in hospital?	• You had a CT scan of your head that confirmed the stroke. • You were admitted to the Acute Stroke Unit and were there for 2 weeks. • You were then transferred to the Rehabilitation Unit (where you have been for one week) and are seeing speech pathology, physiotherapy and occupational therapy for rehabilitation. • You had been in the rehabilitation ward a few days when the speech pathologist conducted a formal language assessment. You have not seen her since that assessment.

Current presentation	• You are more alert now and aware of your surroundings.
	• You are aware of the difficulties you have with finding words and can become frustrated with yourself at times.
	• You are motivated and keen to participate in therapy.
	• You continue to have some difficulties with moving the right side of your body. You are working with the physiotherapist and occupational therapist on walking, holding things in your right hand and writing. Your walking is fine – walk as you normally would. You have weakness in your right arm and hand. At the moment, you're writing with your non-dominant, left hand, as this is easier.
	• You have a language disorder caused by the stroke. It is called <u>aphasia</u>. With your type of aphasia, you can:
	    o Understand most of the things that are said to you i.e. questions that are asked of you, instructions that are given to you.
	        ▪ BUT if instructions are too complex or long-winded it can take longer for you to understand it. You may have to ask the person to repeat themselves before you can do it.
	        ▪ You have to pause and think through information that is complex or abstract.
	    o You have difficulty finding the right word to say when talking. **Sometimes** you…
	        ▪ Say the wrong word but one that is *associated* with the word that you're trying to say (e.g. spoon for fork).
	        ▪ Talk 'around the word' that you are trying to say, as if you're describing it. For example, if you were trying to say 'ball' you may instead say 'it bounces..', 'it's round..'.
	        ▪ Just give up. For example, you say "I know what it is but I can't say it" or, "You know what I mean".
	        ▪ You might have a few wrong attempts at saying the target word before you correctly say the word. Sometimes you may not be able to get the target word out without the help of the therapist.
	        ▪ Look down or put your head in your hands when you have trouble finding the words.

	o You don't have a problem with your speech (i.e. your speech doesn't sound slurred), your hearing or your vision. • **Note: you don't always have difficulty thinking of the word. Sometimes you are able to say the word straight off. Four (4) out of every six (6) words, you would get correct.**

Simulations 1 and 2 overview

NB: Both Simulations 1 and 2 are the same session. Simulation 1 is an opportunity for students to observe their clinical educator conduct a therapy session. In simulation 2 students will have an opportunity to conduct the same session with you, in pairs.

Session scenario	You are meeting with the speech pathologist to: 1. Discuss the results of the formal language assessment done previously with you. 2. Plan goals for your speech therapy while you are in the rehabilitation unit. 3. Receive education about the diagnosis of aphasia and what it means.
Setting	• You will see the speech pathology clinical educator (Simulation 1) or speech pathology students (Simulation 2) in a rehabilitation clinic room. • You will be seated in the waiting area until collected for your session. • There are no other hospital staff or family present. • You are wearing casual but conservative clothes to the session. You do not need a bag. • You may have pens and paper with you in case you need to write down a word you want to remember.
Learning objectives	**Simulation 1: Clinical educator led session** • The students will observe their clinical educator (CE) conduct the session with you. Don't acknowledge the students' presence. • They will be making note of the strategies and clinical skills used by the CE during the session. **Simulation 2: Student pair led session** • The students will conduct <u>the same session</u> in pairs. Other students will observe but don't acknowledge their presence. • It is expected they will have learnt from the CE's model in Simulation 1 and now demonstrate the following skills: 1. Use of appropriate language with a patient who has a language disorder from a stroke. 2. Ability to collaboratively develop therapy goals with a patient. 3. Effectively explain and demonstrate relevant language therapy tasks with a patient.

Timing	- Each simulation should run for **15 minutes**. Keep this in mind when giving your responses i.e. don't take too long to say things. - Please note that during Simulation 2, you will conduct the same session with each pair of speech pathology students. You will therefore conduct the same session 3-4 times during Simulation 2. The students who are not running the session will be in the room observing the session. - There will be 5-10 minutes between each session.

The simulation

What the speech pathologist (or speech pathology students) will do:	What you should do:
• Collect you from the waiting room and take you into the clinic room. • Make small talk to help get to know you.	• Be cooperative and friendly. You are keen to participate in the session. • You are able to say 'hello' and introduce yourself as 'Tom'. • You understand their small talk and will chuckle at any jokes/funny stories but don't say very much back. • You talk in small phrases only most of the time.
• Introduce themselves and explain the role of speech pathology and the purpose of the session.	• You might ask them to write down their name and any key words they talk about. You may say "Want to tell Fran. Fran will visit me". • You listen intently. You already knew they want to talk to you about the results of the assessment but didn't know what else would happen. • You are pleased to know that you will do some therapy tasks to. You may say "oh good. Good. I want to speak better".
• Show you your assessment and explain the results.	• You remember some of the assessment sessions that you've had – "yes, I had to name those….umm…things…" or "yes… the tests". "What happened with that?" • You agree that it is hard to find words sometimes. You might say "I know the words, they're in here (pointing to head). Um…but… I can't say them". • If something is not explained clearly (or if they use long or strange words) you should then looked confused. If they don't pick up on this, you could ask them to "tell me that again" or "say that again".

• Ask you what your goals are for speech therapy.
• Help you develop and prioritise goals for speech therapy.
	• Types of goals that you have include:
	  o Going back to work to continue with some consultancy work. You will need to have good communication skills (spoken and written) for this.
	  o Going to football matches with your son and being able to talk with friends about the game easily.
	  o Being able to talk on the phone to your family.
	  o Being able to order your own meals when you go out to dinner.

The simulation

What the speech pathologist (or speech pathology students) will do:	What you should do:
	• You try to explain some of the goals but the words are slow and effortful to come out.
• Explain a therapy task and ask you to do some of the activities.	• The clinical educator or student will ask you to name objects from a given description. • See below for some suggested responses – note that these are example responses for incorrect answers. You should have about 70% accuracy, so you should get some correct. • Responses may be improvised however should still show the same language characteristics – if unsure, please speak to the clinical educator prior to the simulation to clarify. • You will be happy when you get the right answers. It will be effortful to think of the words and you might say "of course" or "I knew that up here (and point to head) it just wasn't out here (and point to mouth)".
• Outline the plan for your speech therapy from here and end the session.	• You are thankful and appreciative for the session. • You are looking forward to the next session and starting to improve "I will see you tomorrow" "thankyou" • They may suggest Fran comes to the next session – "oh yes, she'll like that" or "good good".

Target: Word retrieval; semantics

Instructions: Name the object which is being described.   Write your answer on the line provided.

1. Swims in the ocean. You can eat it. _____

2. It is a yellow and green vegetable. It comes on a cob. _____

3. It shines in the night sky. There are many of them. _____

4. You put a key into it to open it. _____

5. It's an animal. Its coat is made of wool. _____

6. Looks after patients in a hospital. Works with doctors. _____

7. You use it to clean your teeth. You put toothpaste on it. _____

8. A body part attached to your leg that you walk on. _____

9. You read it. It can be delivered daily to your house. _____

10. It falls from the sky and is wet. _____

Naming Task (*examples of incorrect responses*)

Instructions: *Name the object that is being described. Your helper may give you clues to assist you to name the object.*

	Description	Suggested responses for you (includes examples of interactions with speech pathologist)
1.	It swims in the ocean. You can eat it. Target: Fish	*Tom - Umm yes. Umm water…. Swim in water. Umm I know.* Speech pathologist/student – It starts with a /f/ *Tom - Ffff ummm (pause) Fish. It's a fish.*
2.	It is a yellow and green vegetable. It comes on a cob. Target: corn	*Tom – Umm. Yep. I know it. Yep. Eat it. You know. Cob. No. Corn!*
3.	It shines in the night sky. There are many of them. Target: Star	*Tom - Sun. No. Moon.* Speech pathologist – The moon does shine in the sky but I'm looking for something that shines in the night sky that there are lot of. *Tom – Oh. Yes. Shining bright. (long pause)* Speech pathologist – it starts with a /s/ *Tom – Star.*
4.	You put a key in it to open it. Target: lock	*Tom – Door* Speech pathologist – I'm looking for something more specific. What is on the door that you put the key into? *Tom – look confused at first then realise what they're after. Ah – lock!*
5.	It's an animal. It's coat is made of wool. Target: sheep	*Tom – Oh yes. On the farm. For (gesturing shearing a sheep).* Speech pathologist – yes – what's is the name of it. *Tom – A sheep.*

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.