



Australian Government

This project received funding from the  
Australian Government



THE UNIVERSITY  
OF QUEENSLAND  
AUSTRALIA

# Simulation-based Learning Program

## Student workbook: Day 2

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



**LA TROBE**  
UNIVERSITY



Queensland, Australia



## Funding:

This resource was developed for the *Embedding Simulation in Clinical Training in Speech Pathology* project (2014-2018) which was supported by funding from the Australian Government, Department of Health, under the Simulated Learning Environments Program.

Speech Pathology Australia, as the funded organisation, subcontracted The University of Queensland to lead this project.

## Project leadership team (authors):

### *The University of Queensland*

Dr Anne Hill (project lead)  
Prof Elizabeth Ward  
Ms Adriana Penman (project officer)  
Ms Emma Caird (project officer)  
Ms Danielle Aldridge (project officer)

### *The University of Melbourne*

A/Prof Bronwyn Davidson

### *Griffith University*

Prof Elizabeth Cardell  
Ms Simone Howells

### *La Trobe University*

Ms Rachel Davenport

### *The University of Newcastle*

Dr Sally Hewat  
Ms Joanne Walters

### *The University of Sydney*

Prof Patricia McCabe  
A/Prof Alison Purcell

Dr Robert Heard

Prof Sue McAllister

### *Speech Pathology Australia*

Ms Stacey Baldac

## Citation/attribution format:

Hill, A.E., Ward, E., Davidson, B., McCabe, P., Purcell, A., Heard, R., McAllister, S., Hewat, S., Walters J., Cardell, E., Howells, S., Davenport, R., Baldac, S., Penman, A., Caird, E., Aldridge, D. (2018). *Embedding Simulation in Clinical Training in Speech Pathology*. Melbourne: Speech Pathology Australia.



This work is licenced under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/). You are free to copy, communicate and adapt the work for non-commercial purposes only provided that you credit the authors of the work, attribute Speech Pathology Australia and comply with other notice requirements set out under the licence.

© Speech Pathology Australia 2018

## DISCLAIMER

To the extent possible under law, the material in this publication is supplied as-is and as-available, and Speech Pathology Australia makes no representations or warranties of any kind whether express, implied, statutory, or otherwise. This includes, without limitation, warranties of title, merchantability, fitness for a particular purpose, non-infringement, absence of latent or other defects, accuracy, or the presence or absence of errors, whether or not known or discoverable. Where disclaimers of warranties are not allowed in full or in part, this disclaimer may not apply.

To the extent possible under law, Speech Pathology Australia will not be liable to you on any legal theory (including, without limitation, negligence) or otherwise for any direct, special, indirect, incidental, consequential, punitive, exemplary, or other losses, costs, expenses, or damages arising out of the use of the material in this publication. Where a limitation of liability is not allowed in full or in part, this limitation may not apply.

## Contents

Day 2 timetable: .....	3
<b>SIMULATION THREE - Mr Tom Jones (role-play therapy session):</b> .....	4
<i>Pre simulation activities</i> .....	5
<i>Therapy session plan</i> .....	6
<i>Simulation activities</i> .....	7
<i>Post simulation activities</i> .....	8
<b>SIMULATION FOUR - Mr Michael Goodman (role-play treatment session)</b> .....	11
<i>Pre simulation activity</i> .....	12
<i>Therapy session plan</i> .....	14
<i>Simulation activities</i> .....	15
<i>Post simulation activity</i> .....	16
Day 2 Statistics record .....	20
Therapy resources .....	tear off section at back of booklet

## Day 2 timetable:

Day 2	
8:30am	General preparation time
8:45am	<b>Simulation 3:</b> Mr Tom Jones (student role-play)
10.15am	Morning tea
10.30am	<b>Simulation 4:</b> Mr Michael Goodman (student role-play)
12:00pm	LUNCH
12:45pm	<b>Simulation 4 (continued):</b> Mr Michael Goodman
3:00pm	Afternoon tea
3:15pm	Preparation for Day 3
4:30pm	Close of Day 2

### Simulation three - Mr Tom Jones (role-play therapy session):

Mr Tom Jones is a 65-year-old gentleman from Newtown who suffered a left hemisphere stroke three weeks ago.

#### Simulation details:

During this simulation you and your partner will be role-playing a therapy session between the student clinician and Tom. This will be the next session following your initial session with Tom on Day 1 and will include two therapy tasks targeting Tom's word finding difficulties. You have been given a session plan to follow. You will both have the opportunity to role-play being the student clinician and being Tom.

The session will be 30mins in total. You will have 15mins to play the role of the student clinician and 15mins to play the role of Tom.

#### Intended learning outcomes:

After participation in this clinical simulation, you will be able to:

1. Clearly explain therapy task requirements to a patient with aphasia.
2. Appropriately adapt session requirements (within the session) to reflect the patient's needs.
3. Describe an appropriate follow-up plan post session and effectively communicate this to the patient.

#### Setting:

NSHS Rehabilitation Unit  
Speech pathology treatment room

#### Resources provided:

1. Patient speech pathology file.
2. Therapy session plan.
3. Therapy resources (located at the back of this booklet)
4. Paper to document patient performance on therapy items.

## Pre simulation activities

Complete the following tasks in preparation for your session.

*Note: Therapy resources are located at the back of this booklet.*

1. What do you know about Tom’s presentation? What are you expecting in the session? You may wish to choose one or two items from one of the therapy tasks and discuss with your pair. Think about how “Tom” might respond.
  
  
  
  
  
  
  
  
  
  
2. Consider how you may re- introduce yourself to Tom and how you will introduce each therapy task. Write down what you might say in the space below.
  
  
  
  
  
  
  
  
  
  
3. While you are role-playing “Tom,” what are some of the key characteristics or features of his presentation that you will need to consider? Provide some examples of what you may do/say as “Tom” in the session.

## Therapy session plan

Patient Name: Mr Tom Jones

Date of Session: DD / MM / YY

Session element	Goal / Activity	Time	Materials	Criterion	Theoretical basis & rationale
1. Introduction and discuss outline of the session	<ul style="list-style-type: none"> <li>Student clinician to introduce him/herself to Tom and outline the aims of the session.</li> </ul>	1-2 mins	N/A	N/A	<ul style="list-style-type: none"> <li>Tom presents with impaired verbal expression skills. Picture naming and convergent naming tasks target neural networks to improve lexical semantic access.</li> <li>Semantic and phonological cues were found to assist Tom during the WAB-R assessment and these cueing strategies may assist Tom to identify target words during the session.</li> <li>Cueing strategies should be faded over time (as appropriate) so that Tom does not become reliant on clinician prompting.</li> <li>Student clinicians can use amount and type of prompting to grade task demands and increase / decrease task complexity relative to patient performance.</li> </ul>
2. Activity 1: Picture naming	<ul style="list-style-type: none"> <li>Students to engage Tom in a picture naming activity to improve lexical semantic access.</li> <li>Student clinicians to use given cueing hierarchy to support Tom to name pictures of basic, everyday objects.</li> <li>Students may provide more or less support depending on Tom's needs and should identify the most beneficial types of cues to use with Tom based on performance.</li> </ul>	5-8 mins	Picture cards  Cueing hierarchy  <i>Resources at back of booklet</i>  Pens/ paper	90% accuracy in naming pictures of basic everyday objects with nil prompting.	
3. Activity 2: Convergent naming / sentence completion	<ul style="list-style-type: none"> <li>Student clinician's to engage Tom in a convergent naming or sentence completion task to target improved lexical semantic access.</li> <li>Students to use semantic and phonological cues to assist Tom to identify the correct word throughout the session. Students should aim to reduce the level of cueing over time.</li> </ul>	5-8 mins	Convergent naming and sentence completion worksheets	90% accuracy in identifying target word with nil further semantic or phonological cueing provided by student clinician	
4. Questions and treatment plan	<ul style="list-style-type: none"> <li>Student clinician to answer any of Tom's questions, provide overall feedback regarding performance and outline plan for further therapy sessions.</li> </ul>	1-2 mins	N/A	N/A	

## Simulation activities

1. As the student clinician: Using the given session plan and provided therapy materials (at the back of this booklet), conduct your therapy session with Tom.
2. As “Tom”: participate in the therapy session with the “student clinician”.
3. Use the space provided to document any extra notes/thoughts/considerations from your session:

## Post simulation activities

### Clinical task:

What would your follow-up plan be with Tom? Document below:



Reflection task:

Following the debrief for this simulation, consider some of the important information or feedback you received or gained from this simulation (from your clinical educator and peers). Space to record this information has been provided below.

## Notes from Simulation 3:

## References/ recommended reading

1. Stroke Foundation (2018). *Clinical Guidelines for Stroke management 2017*. Retrieved 18 June 2018, from <https://informe.org.au>.
2. Murray, L. L., & Clark, H. M. (2006). *Neurogenic Disorders of Language: Theory Driven Clinical Practice*. Clifton Park, NY: Thomson Delmar Learning.
3. Australian Aphasia pathway: Best Practice for Aphasia across the Continuum of Care. (2014). [www.aphasiapathway.com.au](http://www.aphasiapathway.com.au).

## Simulation four - Mr Michael Goodman (role-play treatment session)

Michael is a 26 year old male who suffered a severe traumatic brain injury (TBI) 6 months ago following a motor vehicle accident.

### Simulation details:

During this simulation you will be working in pairs to develop and role-play a motor speech treatment session with Michael. You will be provided with a speech pathology progress report and assessment data. You will be required to write a session plan targeting Michael's motor speech. You will both have the opportunity to role-play being the student clinician and being Michael.

The session will be 30mins in total. You will have 15mins to play the role of the student clinician and 15mins to play the role of Michael.

The simulation will consist of three parts. All parts will be led by your clinical educator:

1. Prebrief – refer to pre simulation activities below
2. Simulation
3. Debrief

### Intended learning outcomes:

After participation in this clinical simulation, you will be able to:

1. Analyse and interpret case history information and assessment data with support from the clinical educator.
2. Develop an appropriate therapy session plan for a patient taking into consideration the stated goals.
3. Conduct a motor speech treatment session clearly explaining therapy task requirements to the patient, appropriately adapting session requirements to reflect the patient's needs.
4. Write a complete progress note for a therapy session.

### Setting:

Student workroom  
NSHS Outpatients – speech pathology treatment room

### Resources required:

1. Patient medical file with completed Frenchay Dysarthria Assessment (FDA)(2<sup>nd</sup> edition)© rating form and speech pathology assessment report (provided – see patient file).
2. Frenchay Dysarthria Assessment (2<sup>nd</sup> edition)© – examiners manual (to be provided by university).

## Pre simulation activity

1. Read the patient's medical records and gather some of the relevant information.

Name:	Gender:
Age:	Occupation:
Reason for therapy / current concerns:	
Past medical history:	

2. To assist you to understand Michael's progress since his accident, your clinical educator will work through the assessment report and Frenchay Dysarthria Assessment (2<sup>nd</sup> edition)© rating form with you.
3. Participate in discussions regarding Michael's history and assessment results with your clinical educator and student unit. Use the space below to document any notes from this discussion.
4. Discuss target areas for therapy and possible motor speech therapy activities.

Notes:

## Pre simulation activity (continued)

5. Following on from your discussions, develop a session plan and prepare therapy resources for a session with Michael (session plan template provided on next page). Aim for 2-3 activities focusing on Michael's motor speech difficulties.

Use the space below to document:

- how you will start and end the session (including consideration of homework activities),
- how you will introduce each activity,
- how you will record patient responses and determine criterion levels.

**You will now enter the simulation**

Notes:

## Therapy session plan

Patient Name: Michael Goodman

Date of Session: DD / MM / YY

- Long term goal(s):
- Short term goal(s):

Session element	Goal / activity	Time	Materials	Criterion	Theoretical basis & rationale
1.Introduction / Rapport Building					
2.Explanation / discussion of FDA-2© results and assessment report.					
3.Therapy task one					
4.Therapy task two					
5.Therapy task three					
6. Question time, wrap-up & plan.					

PLAN: (1)

## Simulation activities

1. As the student clinician: Using your prepared session plan and therapy materials, conduct the therapy session with Michael.
2. As 'Michael': participate in the therapy session with the 'student clinician'.
3. Use the space provided to document any extra notes/thoughts/considerations from your session:

## Post simulation activity

### Clinical task:

Following the session, complete a progress note for your session. This can be done individually. To assist you, an example progress note has been provided (below). A blank progress note template is provided for you. Discussion any questions with your clinical educator.

DATE & TIME	<i>Add signature, printed name, staff category, date and time to all entries.</i> MAKE ALL NOTES CONCISE AND RELEVANT. Leave no gaps between entries
DD/MM/YY	<b>SPEECH PATHOLOGY:</b> Michael attended on time for outpatient session today. He reported
1130hrs	niece's 2 <sup>nd</sup> birthday party earlier this morning, which left him feeling exhausted. However,
	Michael was eager to undertake the planned treatment activities.
	1. Respiration/phonation task (prolonged 'ah' sounds) – Achieved an average of 7secs over
	10 trials.
	2. Bilabial plosive /b,p/ productions –85% accuracy for longer sentences read aloud. There
	was a tendency to fatigue towards the end of each sentence, leading to reduced clarity of
	plosive sounds.
	3. Alveolar & velar plosive /t, d, k, g/ productions – 70% accuracy at sentence level.
	Voiceless sounds (i.e. /t/ & /k/) were relatively less well performed than the voiced /d/ &
	/g/ at this level. Again, fatigued towards the ends of sentences.
	4. Functional phrases – Michael continues to practice his 10 chosen functional phrases at
	home each day. He is now able to produce these phrases with 100% intelligibility. All
	bilabial, alveolar and velar plosive sound productions for these functional phrases were
	clear today. This list was extended to include phrases specific to M's interests (e.g. rugby)
	<u>Summary:</u> The length of time Michael is able to sustain clear phonation on the 'ah' sound is
	improving. His productions of bilabial, alveolar and velar plosive consonant sounds today were
	Impacted by fatigue. Home practice activities for same have been provided.
	<u>Plan:</u> Continue bilabial, alveolar & velar plosive sound drills at the sentence level. Aiming
	for at least 90% intelligibility before moving on to paragraph level. Review productions
	in extended functional phrase list. Continue extending maximum sustained phonation time.
	Next appt in 1 week.------(K. SPENCER) SPEECH PATH.





National Simulation Health Service

## PROGRESS NOTES INPATIENT

(Affix Patient Label Here)

URN:

Family Name:

Given Name(s):

Address:

DOB:

Sex:

DATE & TIME

*Add signature, printed name, staff category, date and time to all entries.*

**MAKE ALL NOTES CONCISE AND RELEVANT**

**Leave no gaps between entries**



Reflection task:

Following the debrief for this simulation, consider some of the important information or feedback you received or gained from this simulation. Space to record this information has been provided below.

Notes from Simulation 4:

## References/ recommended reading

1. Enderby, P., & Palmer, R. (2008). *Frenchay Dysarthria Assessment 2 Edition (FDA-2)*. Austin, TX: Pro-Ed.
2. Duffy, J.R. (2013). *Motor speech disorders: Substrates, differential diagnosis and Management*. 3rd edition. St. Louis: Mosby. (Section titled “Distinguishing among the Dysarthrias” (p357-363) in Chapter 15).
3. Murray, L., & Clark, H. (2006). *Neurogenic disorders of language: Theory Driven Clinical Practice*. Clifton Park, NY: Thomson Delmar Learning. (Chapter 2, pp. 46-52 (TBI) and Chapter 3, pp.69-74 (TBI)).
4. Le, K., Mozeiko, J., & Coelho, C. (2011). Discourse analyses: Characterizing cognitive-communication disorders following TBI. *The ASHA Leader*. [Online] Retrieved 14 August, 2011, from <http://www.asha.org/Publications/leader/2011/110215/Discourse-Analyses.htm>

## Day 2 Statistics record

Date	UR and PATIENT NAME	Time spent on Patient-Related Tasks (Please round to nearest ¼ hour)		
		Preparation	Direct Contact (i.e. Ax or Tx)	Documentation



# THERAPY RESOURCES

## DAY 2

### SIMULATION 3



**PICTURE NAMING – LIST OF PICTURE CARDS** *(picture cards at back of booklet)*

Target	Response	Correct
1. TV/television		
2. Remote		
3. Toothbrush		
4. Toothpaste		
5. Hairbrush		
6. Phone		
7. Bed		
8. Chair		
9. Couch		
10. Table		
11. Lamp		
12. Glass		
13. Plate		
14. Spoon		
15. Knife		
16. Fork		
17. Clock		
18. Ball		
19. Book		
20. Socks		
21. Shoes		
22. Jug		
23. Hat		
24. Cardigan/Jumper		
25. Tshirt/Shirt		
26. Plant/flower		
27. Watering can		
28. Newspaper		
29. Pen		
30. Scissors		
<b>TOTAL</b>		<b>/30</b>



## Spoken Naming Cueing Hierachy (Cardell and Lawrie, 2012)

### Clinician's Cueing Hierachy:

*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'**

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

*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.*



## Convergent naming task (therapist/student copy)

**Target:** Word retrieval; semantics

**Instructions:** Name the object which is being described.

1. It swims in the ocean. You can eat it. (fish)
2. It is a yellow and green vegetable. It comes on a cob. (corn)
3. It shines in the night sky. There are many of them. (star)
4. You put a key into it to open it. (lock)
5. It's an animal. Its coat is made of wool. (sheep)
6. Looks after patients in a hospital. Works with doctors. (nurse)
7. You use it to clean your teeth. You put toothpaste on it. (toothbrush)
8. A body part attached to your leg that you use to walk. (foot)
9. You read it. It can be delivered daily to your house. (book)
10. It falls from the sky and is wet. (rain or snow)





## Convergent naming task

**Target:** Word retrieval; semantics

**Instructions:** Name the object which is being described.

1. It 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. \_\_\_\_\_



## PHRASE COMPLETION – therapist’s/student clinician’s copy

**Target:** Word retrieval; semantics

1. Knife and..... (fork)
2. Black and..... (white)
3. King and..... (queen)
4. Girls and ..... (boys)
5. Sugar and ..... (spice)
6. Up and ..... (down)
7. Shoes and ..... (socks)
8. Cat and ..... (dog)
9. Cup and ..... (saucer)
10. Grandmother and ..... (grandfather)

## PICTURE NAMING – PICTURE CARDS

















