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Simulation-based Learning Program

Student workbook: Day 5

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











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Day 5 timetable - overview

Day 5		
8:30am	Stop-Start-Keep debrief	
8:45am	General preparation time	
9:00am Simulation 12: Mr James (Jim) Parker + Betty Parker		
10:15am	Simulation 13: Speech pathology case handover	
11:30am Debrief Simulations 12 + 13		
	Simulated patient feedback	
12:30pm	End of Simulation Program activities	
1:30pm	Close of Day 5	

SIMULATION TWELVE - Mr Jim Parker and Mrs Betty Parker

Mr Jim Parker is a 70 year old man admitted to the NSHS with a urinary tract infection, dehydration and delirium on the background of a two day history of frequent urination, fevers and confusion. Mrs Betty Parker is Jim's wife.

SIMULATION DETAILS:

In this simulation you will conduct a session with Jim and Betty in a speech pathology office of the NSHS hospital. The medical team have agreed that Jim is suitable for discharge following education from the speech pathology team on the outcomes of the videofluroscopy. Jim's wife, Betty, has arrived to attend the meeting and will then take him home. The aims of the meeting are to discuss:

- 1. The results of Jim's Videofluroscopic Swallow Study (VFSS).
- 2. Recommendations for diet and fluids based on the results of the VFSS.
- 3. Education on appropriate foods and thickening fluids.
- 4. Plans for ongoing management of Jim's swallowing by speech pathology following his return home.

You will conduct the session in your pair. Each student pair will have an opportunity to conduct the session with Jim and Betty. Each session will run for **15minutes**. Other students will not be observing the session.

INTENDED LEARNING OUTCOMES:

After participating in this simulation, you will be able to:

- 1. Effectively communicate the results of the assessment using appropriate language.
- 2. Make appropriate choice regarding modified foods and fluids in the management of a known patient.
- 3. Clearly explain to the patient and carer how to appropriately manage his dysphagia in a community/home environment.
- 4. Respond effectively and appropriately to patient and family questions and concerns.

SETTING:

Speech pathology office, NSHS hospital

RESOURCES PROVIDED:

- 1. VFSS video footage (if required to show Jim and Betty).
- 2. Pictures/resources of modified diet and fluids to demonstrate to Jim and Betty (located at the back of this booklet).
- 3. Suggested resource: Dysphagia app on iPad.

Pre simulation activity (continued from Day 4)

- 1. In your pair, discuss how you will conduct the session with Jim and Betty (refer to the session overview below and the session plan over the page). Consider the following and document your answers below: You will have a further 15 minutes tomorrow morning to continue this.
 - a. How will you explain dysphagia to Jim and Betty? What might you use to support your discussions?
 - b. What recommendations are you providing about the food and fluid Jim will require when discharged home? How will you explain these? Do you need any more information about modified diets/fluids in the community?
 - c. What questions might Jim and/or Betty ask? How will you answer these?
 - d. Will it be different having two people in your session? How will you manage this?
 - e. What would your follow-up plan be for Jim? Why?
 - f. How do you plan to break up the session so that you both have an opportunity to conduct part of the session?

Session overview

- 1. **Introduction and outline of the session:** re-introduction to Jim and introduction to Betty. Provide an outline of the session VFSS results, diet and fluid recommendations and modifications required, management plan for discharge home. Revise the role of speech pathology with regards to swallowing management.
- 2. **Clinical bedside swallowing management:** provide a brief overview of bedside management of swallowing whilst Jim has been admitted to hospital.
- 3. **VFSS results:** students to discuss the VFSS procedure and provide reasons as to why this was required to be conducted with Jim. Briefly outline the results to Jim and Betty.
- 4. **Recommendations:** Discuss swallowing recommendations diet and fluid modifications and strategies. Students will need to provide information and education about thickened fluids and how to achieve the desired diet modifications including foods to avoid. Advise Jim and Betty that thickened fluids will be delivered to the home so there will be no need to thicken fluids.
- 5. **Plan:** Discuss the plan which includes: a referral to a community speech pathologist who will be able to visit Jim at home, reassess his swallow and determine the need for ongoing diet and fluid modifications, repeat VFSS in 2-4 weeks here at the hospital.
- 6. **Education and support:** provide education regarding speech pathology services and answer any questions regarding swallowing.
- 7. **Follow-up plan and questions:** Discuss understanding of information provided, opportunity for further questions. Clarification of follow-up plan at home.

Therapy session plan

Patient name: Jim & Betty

etty <u>Date of session</u>: DD / MM / YY

• Session Goal: Explain results of VFSS assessment and modifications to foods/fluids recommended following the VFSS.

Session element	Goal / Activity	Time	Materials
1. Welcome / Intro /	Student clinicians to	1-2 mins	N/A
Explanation of Session	 Introduce themselves to Jim and Betty. 		
	 Outline the aims of the session. 		
	 Revise the role of the speech pathologist with regard to swallowing. 		
	 Provide an overview of bedside management. 		
2. Results of VFSS	Student clinicians to	10 mins	iPad Dysphagia app
	 Remind Jim that the procedure was done 		
	 Briefly explain results of assessment 		Diet/fluids poster
	 What did the VFSS demonstrate? 		
	 How does this differ from a normal swallow? 		
	 What does this mean for Jim? 		
	 Outline recommendations 		
	 What are the recommendations? Why have they been recommended? 		
	 What is a modified diet and/or thickened fluids? 		
	 How do they modify Jim's diet and fluids in the community? 		
3. Wrap Up / Questions	Student clinicians to	3-4 mins	N/A
/ Plan	 Discuss the plan for the future i.e. referral to community SLT, repeat VFSS and what 		
	they should do if they have questions in the interim.		
	 Answer any of Jim and Betty's questions 		
	 Clarify any information. 		

Notes:

Simulation activity
 Using the session outline, conduct your session with Jim and Betty. All materials for the session will be available within the simulated discharge lounge where you conduct the session.
2. Use the space provided to document any extra notes/thoughts/considerations from your session:
You will now enter the simulation to conduct your session with Jim and Betty Parker
Notes from Simulation 12:

Post simulation activity

Reflection task:

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

Recommended reading:

- 1. Vogels, B., Cartwright, J., & Cocks, N. (2015). The bedside assessment practices of speech-language pathologists in adult dysphagia. International Journal of Speech-Language Pathology, 17(4), 390-400.
- 2. Forster, A., Samaras, N., Gold, G., & Samaras, D. (2011). Oropharyngeal dysphagia in older adults: a review. *European Geriatric Medicine*, *2*(6), 356 -362.

SIMULATION THIRTEEN - Case handover

As this is the final day at the NSHS, you will be required to provide your clinical educator with a case handover of a case that you have conducted during the Simulation Program.

Each student will present one case individually.

You will need to present a case handover including the following information:

- Presentation
- o Diagnosis
- Interventions (speech pathology and other disciplines)
- Impressions
- o Recommendations
- o Follow up plan

You will have 2-3 minutes to provide this handover.

Following your presentation, you will discuss this case in general with peers and your clinical educator and answer any questions, discuss points of interest and/or future management.

INTENDED LEARNING OUTCOMES:

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

- 1. Clearly and concisely communicate the key points of a familiar patient including general history, initial presentation, known diagnoses, assessment results, progress to date and current intervention/management plan.
- 2. Effectively communicate skills during an oral presentation to peers/colleagues.
- 3. Actively participate in structured group discussion of case management options for known/familiar patients.

SETTING:

Speech Pathology meeting room

RESOURCES PROVIDED:

1. Patient file.

Pre simulation activity

Complete the following tasks in preparation for your session.

1.	Which case will you	ube presenting:
┷.	vvilleri case vvill you	a be presenting.

2. Use the following template to assist in gathering information and structuring your presentation. Please review your notes from the sessions, relevant workbooks and the Patient's file in your preparations.

Heading	Details
Patient Information	(i.e. General information pertaining to patient (e.g. name, age, past medical history and social history)).
Initial Presentation	(i.e. Why was this patient admitted to hospital? What were the initial concerns for this patient?)
Diagnosis/es	(i.e. What are the diagnosis/es for this patient (both speech pathology diagnoses and non-speech pathology diagnoses)?
Assessment Results	(i.e. Which speech pathology assessments did you conduct and why? What were the results? What did they indicate?)
Therapy and Progress to Date	(i.e. What therapy activities/targets have you been focusing on? Why? What, if any, progress has been made?)

Heading	Details
Non-Speech Pathology related interventions	(i.e. Are there any other disciplines involved in this patient's care? What have their interventions involved?)
Current intervention/ management plan	(i.e. What is the current plan for management of this patient's care? Where to from here?)

Simulation activity

- 1. <u>As the presenter</u>: Use your session template to assist your presentation. Note that your clinical educator and peers may ask you questions following your presentation as part of the group discussion.
- 2. <u>As a participant</u>: Observe your peers during their presentations and participate in the discussions following each presentation.

Use the space provided to document any extra notes/thoughts/considerations from the simulation. Please note you may be required to provide feedback to your peers.

You will now enter the simulation and participate in the case handover

Notes from Simulation 13:

Post simulation activity

Reflection task:

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

Recommended reading:

- 1. Price, D.W., & Felix, K.G. (2008). Journal clubs and case conferences: From academic tradition to communities of practice. *Journal of Continuing Education in the Health Professions, 28*(3), 123-130.
- 2. Manser, T., & Foster, S. (2011). Effective handover communication: An overview of research and improvement efforts. *Best Practice and Research Clinical Anaesthesiology*, *25*(1), 181-191.

DAY 5 STATISTICS RECORD

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

End of Simulation Program

You will now participate in a whole group debrief and discussion following your completion of the Simulation Program. Please document any notes / thoughts / reflections both from the week and from your discussions below:

Thank you for your participation in the Simulation Program!