

# Hospital Simulation and Interprofessional Education for Future Health Care Professionals Interacting with Persons with Aphasia

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## Contact Information

Melinda Corwin: [melinda.corwin@ttuhsc.edu](mailto:melinda.corwin@ttuhsc.edu)

Carolyn Perry: [carolyn.perry@ttuhsc.edu](mailto:carolyn.perry@ttuhsc.edu)

Texas Tech University Health Sciences Center, Lubbock, TX USA

## Student Simulation Experience

### Prior to simulation:

1. SLP graduate students viewed two videos as well as chart review documents in Learning Management System: One video was an example of a SLP conducting a Bedside Swallow Evaluation (BSE). The other video was an example of a SLP educating Pt/ family about stroke, aphasia, and dysphagia, conducting a speech-language screening, and providing instructions and answering questions regarding swallowing/ diet and facilitative communication techniques. The documents are from the medical chart of the standardized patient ("Bobbie Conners").
2. SLP graduate students reviewed the following documents in preparation for their role as the SLP in the simulation:
  - a. What is Stroke?
  - b. What is Aphasia?
  - c. What is Dysphagia?
  - d. Stroke/Aphasia and Dysphagia screenings

### On the Actual Simulation Day (SLP Students played the role of either SLP or Family Member):

#### SLP Instructions:

1. Nurse will give Situation, Background, Assessment, and Recommendations (SBAR) oral report to SLP.
2. Enter the room, introduce yourself, and wash your hands.
3. Check Patient's wristband/ask name to verify you are seeing correct person.
4. Educate Pt and family member using "What is Stroke," "What is Aphasia," and "What is Dysphagia" packets.
5. Evaluate Patient's expressive/receptive language with screeners after each education (i.e., complete stroke/ aphasia screening after educating on stroke and aphasia and complete dysphagia screening after educating on dysphagia).
6. Inform nurses and family regarding communication and swallow/diet strategies to use with Patient.
7. Present SBAR oral report to nurse upon completion of your education and screening.
8. Answer any questions from the nurse, patient, and family member. Leave handouts with the patient/family before leaving the room.

\*As the SLP, you will be rated on your professionalism and use of aphasia-friendly materials and supported communication techniques (e.g., acknowledge Patient's inherent competence, avoid use of sing-song intonation, avoid "quizzing," and allow the patient time to respond).

### Family Member Instructions:

1. You are no longer an educated SLP student. You are acting as a concerned family member. You may decide what relationship/family member role you are playing.
2. Remember, your loved one will be a male or female “standardized patient” (i.e., a community member who has been trained to portray an individual with severe expressive aphasia).
3. You don’t know supported communication strategies or how to thicken liquids.
4. Act like a concerned family member who expects your loved one to return to his or her previous level of functioning.
5. Ask the SLP or nurse questions that a concerned family member might ask.

\*As the caregiver, you will be rated on your realistic portrayal of a concerned family member (e.g., no giggling, no hesitation in asking questions, use of a rapid rate of speech).

## **Patient & Family Member Education**

1. Provision of aphasia-friendly educational materials
2. Use of supported communication techniques throughout
3. Life Participation Approach to Aphasia (LPAA)-based screening questions

## **Interprofessional Education (IPE)/Student Learning Experience**

Key elements to maximize effectiveness of simulation:

1. Standardized Patient (SP) training
2. Student training
3. Feedback and debriefing

## **Selected References**

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4. INACSL Standards Committee (2016, December). INACSL Standards of Best Practice: Simulation<sup>SM</sup> Simulation-enhanced interprofessional education (sim-IPE). *Clinical Simulation in Nursing*, 12(S), S34-S38. <http://dx.doi.org/10.1016/j.ecns.2016.09.011>.