

Patient Name: David Thomas

Diagnosis: Tracheostomy, Cancer

Part A
Facilitators Guide
Speech Path, Social Work

Overview

Target Audience: 2nd year Speech Pathology students, 2nd year Social Work students

Number of Participants: 4 (2 per discipline)

Estimated pre briefing time: 20 minutes

Estimated simulation time: 30 minutes

Estimated debriefing time: 20 minutes

Setting: pre-admission clinic in a tertiary hospital.

Simulation method: simulated patient playing role of David

Brief summary of scenario

Cancer is a major health problem in Australia today. This year, more than 530,000 new cases of cancer will be diagnosed in the Australian population. Of these, roughly 430,000 people will be treated for one or more non-melanoma skin cancers - two in three Australians will develop at least one of these cancers by the time they are 70. It is estimated that more than 43,000 people will die of cancer this year (National Health and Medical Research Council, 2012).

This case presents a patient who has recently been diagnosed with tongue cancer and is scheduled to undergo complex head and neck surgery with a temporary tracheostomy. Students from speech pathology and social work will be introduced to the patient in the preadmission clinic, where he is being prepared for his operation next week. Pre-admission assessments are conducted for patients who have planned admissions to hospital. The pre-admission assessment determines the patient's fitness for procedures and ensures that adequate arrangements are made in preparation for hospitalisation (Queensland Health, 1998).

In this case, social work students will explore the patient's coping skills in relation to his cancer diagnosis and upcoming surgery. The surgery will leave the patient with speech changes (due to tongue and mouth surgery) and a temporary loss of voice (due to the temporary tracheostomy); therefore the focus for speech pathology students will be education regarding alternative methods of communication. A 30 minute appointment for both speech pathology and social work has been made. Students are to work together to plan their intervention and then complete their initial assessment and intervention within this time frame.

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Learning objectives

Interprofessional

- ☐ **Interpersonal and Communication Skills:** Communicates sensitively in a responsive and responsible manner demonstrating the interpersonal skills necessary for interprofessional collaboration
 - ☐ **Patient-Centred and/or Family-Focused Care:** Through working with others negotiates and provides optimal integrated care by being respectful of and responsive to patient/client and/or family perspectives, needs and values
 - ☐ **Collaborative Decision Making:** Establishes and maintains effective and healthy working partnerships with other professionals whether or not a formalised team exists
 - ☐ **Roles and Responsibilities:** Consults, seeks advice and confers with other team members based on an understanding of everyone's capabilities, expertise and culture
 - ☐ **Team Functioning:** Uses team building skills to negotiate, manage conflict, mediate between different interests and facilitate building of partnerships within a formalised team setting
- (Source: The British Columbia Competency Framework for Interprofessional Collaboration, 2008)

Discipline Specific - Speech Pathology

- ☐ Educate a patient about communication changes following surgery and related to the temporary tracheostomy
- ☐ Determine an appropriate method(s) of non-verbal communication for a patient undergoing complex head and neck surgery + tracheostomy, taking into consideration the patient's unique abilities, preferences and circumstances.
- ☐ Explain and educate a patient regarding the selected non-verbal method(s) of communication
- ☐ Assess patient performance using non-verbal method(s) of communication and make appropriate modifications based on assessment findings
- ☐ Work with the client to establish his communication needs and discuss education of his communication partners

Discipline Specific - Social Work

- ☐ Establish the client-worker relationship in the context of a brief intervention
- ☐ Explore the client's story around his cancer diagnosis and treatment
- ☐ Conduct a psychosocial assessment of the client's situation
- ☐ Work with the client to identify key goals for the immediate term
- ☐ Enable client in developing a viable intervention plan to achieve agreed goals
- ☐ Support client to implement actions and decisions

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Equipment checklist

- ☐ Prepared medical history (preoperative)
- ☐ Chairs (one for patient, 2 to 3 for participants)
- ☐ Table
- ☐ Small whiteboard
- ☐ Whiteboard markers
- ☐ Bell
- ☐ iPad
- ☐ Etcha-sketch
- ☐ Picture communication board
- ☐ Clip board with paper and pencil

Preparation of simulation and environment

- ☐ Patient alone and seated in interview room.
- ☐ Chairs and table nearby for use during patient encounter.
- ☐ After 30 minutes, a confederate will inform the students that David is required at an appointment with the anaesthetist.
- ☐ Students participating in Part B of this simulation (nursing, physiotherapy) will view the patient encounter via video link and participate in the debriefing process.

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Pre-briefing Checklist

- ☐ Welcome students
- ☐ Introduce members of staff involved in today's session
- ☐ Explain LinC-Sim project and purpose of funding
- ☐ Describe simulation and facilities available at MSHS for simulation
- ☐ Administer pre-simulation activity survey
- ☐ Explain format of session
- ☐ Allow questions from students
- ☐ Outline learning objectives
- ☐ Review patient story
- ☐ Provide instructions for Part A
- ☐ Students to decide how they would like to structure the appointment.
- ☐ Highlight the range of communication devices available for speech pathology students to utilise.
Students to select which devices they wish to bring to the patient encounter.

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Patient story

David Thomas is a 54 year old male who was recently diagnosed with an invasive left lateral tongue squamous cell carcinoma. He is scheduled to undergo a partial glossectomy to excise the tumour next week. The tongue and floor of mouth defect will be reconstructed with a left radial free forearm flap. The radial defect will be closed with a split skin graft from the left thigh. In addition, a surgical tracheostomy will be inserted to manage his airway and secretions in the early postoperative period. This is a complex procedure involving participation from multiple surgical teams - oromaxillary facial surgeons, ear, nose and throat surgeons and plastic surgeons. The procedure will be performed via a general anaesthetic and is likely to take up to 12 hours to complete. Depending on his progress, David will remain in hospital for up to two weeks after surgery. In the early period after surgery, David will not be able to eat and drink and will be fed via a nasogastric tube. While the tracheostomy is in place, David will be unable to vocalise. Following removal of the tracheostomy (approximately one week after surgery), he will continue to have difficulties with his speech due to the swelling and trauma associated with the operation as well as the loss of half his tongue. David has been diagnosed with Stage II cancer - investigations have indicated that David's tumour is approximately 3cm in size, with no spread to the lymph nodes. While surgery will give him a good chance of cure, he will most likely require a period of radiotherapy and chemotherapy to improve his prospects.

Today David will be attending the preadmission clinic for multidisciplinary assessment and operative preparation. The following Allied Health referrals have been made:

Speech Pathology:

Please review this 54 year old male scheduled for L RFFF reconstruction of L FOM and lateral tongue defect + temporary tracheostomy. Needs advice re communication options for post op period.

Social Work:

Please review this 54 year old male scheduled for complex facial surgery following tongue cancer diagnosis. Patient anxious in regards to surgery and reports he has struggled emotionally with cancer finding.

The preadmission clinic has scheduled a 30 minute appointment for speech pathology and social work to review David prior to his surgery.

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Additional information (on request)

David lives in Cohuna in country Victoria. He lives alone in a two bedroom unit and has a supportive partner Kathy. He has a 34 year old son Ben, who lives in Melbourne. Ben and David have not shared a close relationship, but since his cancer diagnosis David has been keen to improve this. David works full-time in IT support for a local bank in Kerang, 30 minutes drive from his home. He has taken three months leave from his employment to allow him time to recover from the surgery. David usually has four to five drinks per evening (beer or wine) and more on weekends. He had smoked 20 cigarettes per day since his teenage years, but quit two years ago.

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Proposed correct action

The checklists below provide a guide of the anticipated actions of students when participating in this scenario. Use this list to tick off each action as it is performed and write any comments that may be of value during debriefing in the comments box below.

Speech Pathology

Social Work

Building the Client-Worker Relationship

- ☐ Build rapport with the client
- ☐ Start where the client is at
- ☐ Inform client of policy and procedure in relation to confidentiality (and limits to), privacy, case note recording, limitations of the service and professional boundaries
- ☐ Communicate effectively demonstrating appropriate use of attending, engagement, questioning and empathic responding skills
- ☐ Consistently demonstrate active listening skills
- ☐ Demonstrate conflict management and problem solving skills

Assessment

- ☐ Consider all life domains when conducting the assessment including physical, social, psychological and environmental factors as well as educational, employment and socio-economic systems
- ☐ Undertake balanced assessment of needs, strengths, opportunities, capacities and risks
- ☐ Assist the client to assess their own needs and wants

Intervention

- ☐ Engage with and include client in decision making processes
- ☐ Work with the client to identify goals for work
- ☐ Support the client to develop a viable intervention plan to support achievement of identified goals
- ☐ Encourage and support client to implement planned actions
- ☐ Support and assist client to find new ways of coping

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Debriefing overview

Self-reflection (10 minutes)

Upon return to the observation room, ask students to take 10 minutes to reflect on their performance during the scenario. During this time, encourage students to write down what they feel they did well, and what they would like to improve on. Following completion of the group debriefing session, students will be given an opportunity to receive brief feedback from a staff member from their discipline. They may wish to bring up some of the technical/ discipline specific aspects to their reflection during this time.

Then ask the participants to summarise their main findings for David Thomas.

Discuss the upcoming surgery for David and his likely postoperative care. What health professionals will be involved in his care? What will their roles entail? Encourage the students involved in Part A to handover their preoperative findings with students involved in part B.

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