

**Patient Name: David Thomas**

Diagnosis: Cancer, Tracheostomy

**Overview of  
Scenario**

Simulated Patient

## Overview

**Target Audience (Part A):** 2<sup>nd</sup> year Speech Pathology students, 2<sup>nd</sup> year Social Work students

**Target Audience (Part B):** 2nd year nursing students, 2nd year physiotherapy students

**Number of Participants:** 8 (2 students from each health profession)

**Estimated time in simulation:** 30 minutes (Part A), 30 minutes (Part B)

**Setting:** pre-admission clinic in a major Melbourne hospital (Part A), surgical ward in the same hospital (Part B)

## 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. A tracheostomy is a surgical procedure to cut an opening into the trachea (windpipe) so that a tube can be inserted into the opening to assist breathing. In this case, the tracheostomy is temporary and its purpose is to bypass a trachea that is blocked by blood or swelling following surgery. The tracheostomy will be removed once regular breathing is once again possible. However, while it is in, speech, eating and drinking will be affected.

In Part A, 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. 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. 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

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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.

In Part B, students from nursing and physiotherapy will be involved in the care of the patient in the early period after his operation. The scenario will take place on a surgical ward and students will be required to work together to optimise the patient's respiratory function. A 30 minute period will be available for the completion of a joint assessment and intervention, prior to the patient being transferred from the ward. The scenario will be delivered using a high fidelity patient manikin as well as a simulated patient, with changes in the patient's condition occurring in response to treatment.

## Learning objectives

When participating in this simulation, it is anticipated that the students will achieve the following objectives:

### Interprofessional Objectives (working together as a healthcare team)

- **Interpersonal and Communication Skills:** Consistently 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 health 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 a clear 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

In addition, the focus for each health profession will be:

### 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

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## 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

## Discipline Specific – Physiotherapy & Nursing

- ☐ Conduct an appropriate respiratory assessment for a patient who has recently undergone complex head and neck surgery + tracheostomy
- ☐ Select and implement appropriate modifications to respiratory management (including oxygen therapy and humidification) based on assessment findings
- ☐ Demonstrate a safe and clean technique when suctioning via a tracheostomy
- ☐ Make appropriate recommendations for ongoing respiratory management
- ☐ Demonstrate safe and appropriate administration of inhaled medications via a tracheostomy

## Patient story - Part A

David Thomas is a 54 year old male who was recently diagnosed with tongue cancer. In medical terms, the tumour has been described as an invasive left lateral tongue squamous cell carcinoma. David is scheduled to undergo surgery to remove the tumour from his tongue next week. This procedure, termed a partial glossectomy (or removal of half of the tongue) is quite complex and requires the tongue to be reconstructed with muscle tissue from the forearm. In addition, a skin graft will be taken from the thigh to cover the forearm defect. To manage the swelling and fluids accumulating in the mouth and windpipe, a surgical tracheostomy will be inserted. The surgery will cause David's face to look quite disfigured, particularly in the first few days after the surgery.

This procedure is quite complex and involves 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, he will not be able to eat and drink and will be fed via a nasogastric tube (a tube inserted through the nose). 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 - tests have indicated that his 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.

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Today David will be attending the preadmission clinic for assessment by a preoperative nurse, anaesthetist and surgeon as well as a series of tests in preparation for his upcoming surgery. In addition, referrals have been made to two allied health professionals; a speech pathologist and a social worker. The speech pathologist's role is to provide advice regarding David's communication options after his surgery. The social worker's role is to provide emotional support as David has found that he is struggling emotionally with the cancer finding and is quite anxious about the upcoming surgery.

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

## Setting - Part A

The simulation is to take place in a mock pre-admission clinic in a major hospital in Melbourne. Pre-admission clinics are an outpatient section of the hospital. David will return to the same hospital next week for his surgery. David is seated alone in an interview room, waiting for the consultation to take place. He has just finished seeing a preadmission nurse, who took his medical history. He is aware that he will be seeing the social worker and speech pathologist soon and has to see the anaesthetist in 30 minutes.

## Start, Middle and End - Part A

The scenario will start when a student enters the room. The students will decide on the format of their interview with you and who will see you first.

The scenario will last for 30 minutes. At the end of the scenario someone will come and call you to see the anaesthetist.

## Patient story - Part B

David had his operation yesterday. Despite the long operation time, the surgery went as planned and initial reports from the surgeons suggest that he has a good chance of cure.

David is currently being cared for on the surgical ward. He has recovered well from the operation, but has had some difficulty with his breathing. He is wearing a mask that is delivering oxygen and moisture to his airways. He has accumulated thick mucus in his chest and the nurses have had to insert a small catheter into his tracheostomy tube several times to suction the mucus out. Suctioning and mucus accumulation are actually a normal part of this type of surgery. However, David has also found that his chest feels tight and his breathing is more laboured than usual. The morning medical ward round has requested a physiotherapy review for respiratory management. It is usual practice on the ward for the nurse and physiotherapist to work collaboratively when managing the patient's respiratory care.

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## Setting - Part B

The simulation is to take place in a mock surgical ward in the same major hospital in Melbourne.

There will actually be 2 people playing the role of David - a human and a mannequin. Students can communicate with the "human" David, however when they need to assess David or perform suctioning, they will move to the mannequin.

David will be in a hospital bed, with multiple lines and drains attached to him. He has a tracheostomy in his neck and cannot speak or make any sounds. He can communicate using some of the devices shown to him in Part A of this scenario e.g. iPad.

## Start, Middle and End - Part A

The scenario will start when the students enter the room.

The scenario will last for 30 minutes. At the end of the scenario someone will come and call you to go to radiology to have an x-ray performed.

## Other important information

Please note that the encounter will be videotaped. This video footage will be streamed to a viewing room, where students and staff not directly participating in the simulation will view the footage (e.g. students who will enter the room at a later time, staff members involved in debriefing). The video footage may be used for feedback and debriefing related to the simulation. This footage will not be used for any other purposes (e.g. future teaching activities, marketing) within your informed consent.

Following the simulation scenario, students will be given the opportunity to debrief and receive feedback on their performance. There is no expectation that you participate in this feedback. However, if you have participated in or received training in providing student feedback before and wish to become involved in this process, we would gladly welcome your involvement.

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