

**Patient Name: Peter DeLuca**

**Diagnosis: Stroke**

**Facilitators Guide**

## Overview

**Target Audience:** 2nd year students from Nursing Science, Physiotherapy, Speech Pathology, and Social Work students

**Estimated pre briefing time:** 45minutes pre brief

**Estimated simulation time:** 60 minutes scenario

**Estimated debriefing time:** 45 minutes

**Setting:** rehabilitation

**Simulation method:** Standardised Patient

## Brief summary of scenario

Stroke is the second biggest killer in Australia and a leading cause of disability.

Stroke occurs when a blood vessel in the brain is suddenly becomes blocked or bleeds. As a result, varying degrees of brain function may be lost and activities such as movement, thinking and communication may be impaired (Source: AIHW 2012)

The risk of being affected by stroke increases significantly with age, male gender, smoking, hypertension (high blood pressure), and having a family history of stroke.

Stroke has been an Australian National Health Priority since 1996, and the implementation of a comprehensive stroke strategy has still not been developed to this date (Source: Stroke Foundations Australia 2013)

This case presents a middle aged male who has suffered a left middle cerebral infarct which is affecting his movement and communication. Following one week acute hospital admission, he was transferred to a rehabilitation centre to allow him the opportunity to receive an optimal level of recovery. The scenario focuses on the patient's physical status, communicative abilities and psychosocial wellbeing. Students from Nursing, Physiotherapy, Speech Pathology and Social Work will work collaboratively to assess the patient and prioritise his health care needs. The ultimate aim will be for students to implement an Interprofessional approach in delivering evidence based health care to the stroke patient, while each disciplines adheres to their own scope of practice.

<http://strokefoundation.com.au/fight-stroke/join-fight/> National Stroke Foundation Australia

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## Learning objectives

### Interprofessional

- ☐ **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.

### Discipline Specific – Nursing

- ☐ Conduct an ISBAR handover

### Discipline Specific - Speech Pathology

- ☐ To conduct a language assessment following a left middle cerebral artery infarct

### Discipline Specific - Physiotherapy

- ☐ To conduct an assessment of gross motor function including
- ☐ Transfers and gait

### Discipline Specific – Social Work

- ☐ To conduct a psychosocial interview with the patient.

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### Equipment checklist

- ☐ Resuscitation trolley (stocked as per Ritz medical equipment list)
- ☐ Telephone
- ☐ Bed
- ☐ Patient arm band
- ☐ Patient gown
- ☐ Patient notes/progress notes/medication notes/
- ☐ Vital sign monitor
- ☐ Gait frame
- ☐ Walking aids
- ☐ Wheel Chair
- ☐ Slippers
- ☐ Patient chair
- ☐ Extra chair/Extra chair for staff
- ☐ Pen/paper
- ☐ Nurses Station
- ☐ Chairs for Nurses Stations
- ☐ T.E.D. Stockings Insitu
- ☐ Screening Language assessment equipment

### Preparation of simulation and environment

- ☐ **Patient in a track suit with T.E.D. Stockings Insitu.**
- ☐ **Patient ID band/Patient notes/Patient bed card**
- ☐ **Patient to have a slight Right deficit**
- ☐ **Patient to be solemn sad/alert and orientated**
- ☐ **Patient to be terribly worried about the costs of hospital**
- ☐ **Patient to be concerned about not being able to contribute to the ongoing costs of his children and grandchildren.**
- ☐ **Patient to be proactive in health care assessments and rehabilitation**

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## Patient story

Mr De Luca is a 48 year old male; one week post left middle cerebral artery infarct. Mr DeLuca's residual effects include mild right sided hemiplegia, with mild aphasia, which seem to be causing Mr. De Luca, some distress. Mr DeLuca's progress has been excellent over the last few days while in hospital; however he still requires assistance with his mobilisation, his communication and his psychosocial well being- the extent of Mr Luca's mobility needs will be assessed by the physio team, Speech Pathology will conduct brief speech and language assessment, and social work will conduct an assessment when Mr. De Luca arrives at the rehabilitation centre.

The Interprofessional Rehabilitation team has read the brief patient notes faxed to the ward earlier this morning and are in discussion about Mr. De Luca. The rehab team is aware that Mr. De Luca is currently taking the following **MEDICATIONS:** Warfarin sodium 3mg daily Perindopril 5mg daily, Atorvastatin 20mg daily Metformin hydrochloride 500mg TDS, Digoxin 0.5mg daily Salbutamol Sulphate x 2 Enoxaparin sodium 60mg SC daily Allergies – NIL STATED. Mr De Luca has T.E.D Stockings Insitu. The Inter professional team is also aware of the following:

**Mr. De Luca's Previous Medical Hx.** BMI 22, Hypertension, Atrial Fibrillation, Type two Diabetes,

**Mr. DeLuca's Family History:** Type Two Diabetes, Renal Failure, and Cardiovascular Disease.

Prior to the stroke Mr De Luca smoked 30 cigarettes a day and has done so for the past 30 years. Mr. De Luca is trying very hard to give up smoking and has cut down to 5 cigarettes per day, with his goal being to cease smoking altogether by the end of next month.

Prior to the stroke Mr. De Luca also had 2-4 standard drinks each night to help him relax, he has not had any alcohol since having his stroke and has stated he is not going to bother with alcohol again, as he is scared it may cause another stroke.

Mrs De Luca stated that at times Peter, is not real good at managing his medications and often misses them or takes them late.

Mr DeLuca can communicate verbally however he has mild word finding difficulty and problems formulating sentences. Mr. De Luca wants to converse with family and staff. When he can't find the words he uses gestures and attempts to write with his left hand and this is very frustrating for him.

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Mr. De Luca is also aware that he is going to have issues with his mobility and is worried how he will cope when he finally makes it home. Mr. De Luca really wants to make a positive change to his health – he really wants to get back to work and continue earning a wage.

Mr De Luca is married to Belle and they have known each other since they attended high school at the Worawa College in Healesville; they are childhood sweethearts.

Mr De Luca and Bella married 28 years ago.

They have lived in their heavily mortgaged three bedroom home at Healesville, Victoria for 10 years.

Together they have 3 teenage children at home: Rose 19 is at university, Aaron 15 is in year 11 at a private school, & Lily 13 is in year 9 at a private school. Other close family members live nearby in surrounding suburbs of Melbourne city.

Mr DeLuca has worked at the local saw mill as a full time casual for the past 10 years as a laborer and Belle works at the Swinburne TAFE as an administration support person.

Both Mr De Luca and Bella are active members of the Healesville Community, attending community functions and sporting events with their children.

The family state that Mr De Luca feels overwhelmed with what has happened to him, but more importantly he seems to be deeply worried about the financial impact his situation will have on his wife and children. Mr. DeLuca's concern of financial burden, loss of his income, paired with the potential overall cost of his treatment, and all his expensive medications, physiotherapy, and hospital accounts etc. Belle has described that money is sparse even when Peter is working – they are all worried about how they will cope if they don't have Peter's wages coming in anymore.

**Mr DeLuca has been informed his rehabilitation will commence immediately upon his arrival at the rehabilitation facility.**

### Additional information (on request)

Mrs De Luca (Bella) has confided to the RN that they are really struggling financially and worried about the cost of his ongoing care, and concerned as Peter will no longer have a wage coming until/if he returns to work – at this point in time he is unsure even if his employer will take him back to work as a casual, leaving the burden of the household incoming/outgoing financials up to Mrs. De Luca.

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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

- ☐ Demonstrate speech pathology assessment post left middle cerebral artery infarct
- ☐ Demonstrate oral assessment

### Social Work

- ☐ Demonstrate social work assessment and evaluation of patient

### Physiotherapy

- ☐ Demonstrate and educate the patient on the use of equipment
- ☐ Demonstrate the ability to transfer patient
- ☐ Use interview skills to identify patient concerns and goals related to mobility
- ☐ Select and demonstrate physical examinations at the level of impairment and activity to confirm hypothesised contributing factors to the gait and mobility
- ☐ Interpret the result of the physical examination and identify impairments and or functions that could be the target of physiotherapy interventions.
- ☐ Apply principals of SMART goal setting to set goals related to gait and mobility

### Nursing

- ☐ Conduct and ISBAR handover
- ☐ To Assess patient and initiate appropriate care/referral.

### Additional Comments:

**Assessment to be conducted and completed and goals established for Mr. DeLuca's rehabilitation.**

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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.

### Group debriefing (30 minutes)

The primary aim of this activity is for students to gain an Interprofessional learning experience, focusing on the following themes:

- Interpersonal and Communication Skills
- Patient-Centred and/or Family-Focused Care
- Collaborative Decision Making
- Understanding Roles and Responsibilities of health professionals
- Functioning as a Health care team

Where possible it is encouraged that group debriefing and feedback be steered towards these topics. An advocacy – inquiry model is the recommended format for group debriefing. Under this model, debriefing is conducted in three stages:

1. Reactions
2. Understanding
3. Summary

#### 1. Reactions

This stage allows the students an opportunity to release some emotions so that they can focus on constructive discussion.

Ask each student who participated in the scenario “How did that feel?” This will guide you on what issues may need to be covered further in the debrief. Listen, but do not make many comments at this stage. This section will highlight any topics they may like to cover in the understandings stage.

Then, review the clinical facts “Can you explain what happened during this scenario?” or “Can you explain what happened to the patient?” It is recommended that they report on the patient's problems, the assessment findings, any interventions provided, outcome measures used (if any) and how effective the intervention appeared. Let the students answer, then fill in the details if necessary.

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## 2. Understanding

This stage allows exploration of the rationale for a student's behaviour or decision making. The observed action should be important to the individual and the group. It is recommended that an advocacy inquiry approach is used. "Student.... I **observed** X". "I was **concerned** that X occurred because....". "I am wondering **why** X happened" or "**Help me understand** why X happened?" Once an issue is exposed, generalise the discussion to the group. "Has this happened to/for anyone else?" "How did that feel?" Allow the group to discover solutions "How have you dealt with this problem in the past?" "Can anyone think of a strategy to overcome this problem in the future?"

It is also suggested that you focus on the positives from the scenario by asking the group "What went well?" Encourage the students to explore how they worked as a team and what they may have learnt about each other's roles.

To help you with phrasing your questions, below are some examples:

Observation	Reasoning	Question
I noticed...	I liked that....	How do you see it?
I see/ saw that ....	I thought that was interesting	I was wondering, what are your thoughts?
I hear / heard you say.....	I was thinking....	What were you thinking at the time?
	I was worried / concerned...	Help me understand how you decided that?
	I had the impression that ...	
	It seemed to me that ....	

## 3. Summary

In brief, review what was learnt throughout the session "Today we learned about..." You may wish to summarise the learning objectives. Ask each participant for their take home message from this scenario.

### Discipline Specific Feedback (up to 20 minutes)

Using the remaining time, students may gather in their discipline specific groups led by a facilitator from their own discipline. Students may lead the discussion and identify any gaps or areas of concern regarding their performance.

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