Laryngectomy: Leaking Voice prosthesis

A facilitator’s guide

subacute-care.org.au

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Acknowledgements

Training Centre in Subacute Care (TRACS WA), Department of Health, would like to thank those who provided feedback during the planning and consultation processes, including key members for their dedication to the project. TRACS WA would also like to thank everyone involved in this project, especially the patients, consumers, clinicians, SCGH staff and the video production team, Imagepro www.imagepro.net.au. This project received funding from the Australian Government.

Project team

Peta Graciet, Senior Speech Pathologist, Sir Charles Gairdner Hospital, Western Australia
Katie Sutton, Development Facilitator, TRACS WA
Lisa Majteles, Allied Health Lead, TRACS WA

Script writers

Peta Graciet, Senior Speech Pathologist, Sir Charles Gairdner Hospital, Western Australia
Katie Sutton, Development Facilitator, TRACS WA
Lisa Majteles, Allied Health Lead, TRACS WA

Executive Producer

Christine King, Unit Coordinator, TRACS WA

Director/Production

Imagepro www.imagepro.net.au

Actors

Peta Graciet, Senior Speech Pathologist, Sir Charles Gairdner Hospital, Western Australia
Mr Peacock, Patient
For queries, please contact:

TRACS WA [www.subacute-care.org.au](http://www.subacute-care.org.au)

Department of Health, Western Australia

Email: tracsWA@health.wa.gov.au

Phone: (08) 9431 2351

To assist with the evaluation process, we also welcome your feedback on the application of the teaching resources in your workplace and/or educational setting.

**Acknowledgement and suggested citation**

Please use the following acknowledgement when using or sharing the *Laryngectomy: Leaking Voice Prosthesis* teaching resource(s):

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Suggested citation:


**Disclaimer**

All information and content in this material is provided in good faith by the Western Australian Department of Health, and is based on sources believed to be reliable and accurate at the time of development. The terminology and practices depicted in this video were current at the time of making this guide.

The State of Western Australia, the Western Australian Department of Health and their respective officers, employees and agents, do not accept legal liability or responsibility for the material, or any consequences arising from its use.

The filmed scenario has been developed from the experiences of the TRACS WA and expert clinicians. All due care has been taken to make the scenarios as realistic as possible.
Foreword

This Facilitator’s guide provides the framework to support the development of skills, communication and problem solving, together with problem-based learning scenarios that encompass some challenging (but quite typical) patients that clinicians working with Laryngectomy patient in the subacute care setting may encounter. The teaching resource has been developed by a team of clinicians and educators working in subacute care. It is one of several initiatives being developed by TRACS WA as part of a Laryngectomy education series.

It can be difficult to predict the complexities that need to be considered for each individual patient treated in the subacute setting. Many patients present with complex comorbidities and challenges in their care on an ongoing basis. This teaching resource facilitates the use of a consistent approach to the care of Laryngectomy patients in the subacute setting. It can be tailored to an individual or health service’s needs, and applied through reflective practice or in a simulation or workshop education session.

The resource utilises simulation as a way to facilitate the learning experience of participants; one that depicts events that are closely linked to reality. Gaba defines simulation as a technique, rather than a technology, to replace or amplify real experiences with guided experiences, often immersive in nature, to evoke or replicate aspects of the real world in an interactive manner. Simulation can mean the bridge between classroom learning and the real life clinical experience, allowing participants to put theory into practice in a guided education session.

This teaching resource aims to:

- Support clinicians and health students to develop the knowledge, skills and confidence to initiate and engage in patient-centred conversations about Laryngectomy care in WA;
- Ensure that patients are actively involved in determining their goals of care and preferences for appropriate intervention and treatment;
- Influence system-wide consistency in the decision-making and delivery of Laryngectomy care in WA; and
- Encourage reflection and critical thinking.

Thank you to everyone who has contributed to this invaluable teaching resource, in particular those clinicians who provided their advice and expertise. We would also like to acknowledge the funding provided by the WA Clinical Training Network, Department of Health, Western Australia which allowed the production of the SIM video resource.

For any further queries, please contact TRACS WA [www.subacute.org.au](http://www.subacute.org.au)

Christine King

Unit Coordinator

TRACS WA
Overview

Background
Training Centre in Subacute Care (TRACS WA), Department of Health, would like to thank those who provided feedback during the planning and consultation processes, including key members for their dedication to the project, in particular staff from Sir Charles Gairdner Hospital.

The facilitator’s role
As a facilitator, your role is to stimulate and encourage discussion about Laryngectomy care with your colleagues in a fun and relaxed learning environment. An adult learning approach will encourage reflection and critical thinking. It is important to respect individual learning styles and encourage constructive group dynamics.

This guide is designed to help staff working with laryngectomy patients to develop essential knowledge, skills and confidence to undertake care in the subacute setting.

The role of the facilitator is to assist participants to learn, to gain from each other’s experience and attain new information. Ideally the facilitator will:

- Use a variety of methods to introduce and reinforce information
- Provide opportunities to share relevant information and experiences
- Encourage active participation through reflective practice and group discussion

This facilitator’s guide is not prescriptive, but is based on a multi-modal learning approach and contains a simulation video, suggested readings and links to other resources. The content may be delivered flexibly, according to the participants’ experience, needs and time available.

Guide at a glance
This guide is separated into learning parts and includes sample session plans, link to the SIM video resource, readings and links to other relevant resources. The video presents clinical scenarios and examples of patient-clinician discussion. The video may be watched in full or in smaller sections interspersed with participant discussion.

The use of Simulation videos
By using simulation videos in a group session with discussion, the interpersonal and social aspects of learning with peers and interdisciplinary clinicians can be emphasised. The goal of the facilitator is to allow adult learners to develop their knowledge and own meaningful interpretation of the content provided, in order to build upon their existing clinical knowledge and experience. In a practical sense, it can sometimes be difficult for clinicians to find the time to undertake education sessions. For this reason, the simulation videos developed by TRACS WA have been kept brief and succinct. The Simulation videos can also be used in a flipped classroom or individual context, where parts of the material are viewed before or after an education session, or used as a resource to refer to for future learning needs.
Target audience
The primary target group for this Simulation education resource are:

- Clinicians working with Laryngectomy patients in subacute care settings, such as medical, allied health and nursing staff
- Patients may also find aspects of this simulation resource beneficial, in gaining an understanding of care to be undertaken with them in the subacute care setting – clinicians may wish to involve patients in viewing the resource and to aid explanations of care provided

How to get the best out of the facilitator’s guide
It is recommended that the facilitator:

- Considers how the content relates to your participants and their speciality(s)
- Read the facilitator guide provided and is well informed about the Simulation video and supporting readings provided
- Starts and finishes the session on time
- Meets the aims of the session
- Keeps participants on track and on topic
- Is familiar with the topic and audience – pitches the session appropriately and anticipates questions that may arise
- Allow time for group reflection, including sharing of their own clinical experiences
- Provides evidence to back up any claims e.g. refers to scholarly articles of relevance
- Is open to questions – if unable to answer the question posed, ask the group for their thoughts and ideas
- Respects the range of participants’ experiences and build on their knowledge accordingly
- Consider use of small breakout sessions for larger groups

Undertaking a successful education session with require an awareness of what may hinder a group’s progress. Planning your session and anticipating challenges will aid in providing a productive session, increase your own confidence as a facilitator and allow you to achieve the aims of the session.

Consider the following points:

- Provide an opportunity for all views to be heard
- Consider how you will support participants who may need follow up or ongoing education and opportunities for learning
- Acknowledge that you are not teaching but facilitating, and that one scenario cannot depict all possible permutations needed for each individual patient
Teaching and learning opportunities
This Simulation video scenario provides multiple teaching and learning opportunities including and not limited to:

- How to introduce and end an assessment session
- How to conduct a therapy session with a patient
- How to explain an assessment, assessment findings and implications to a patient
- How the assessment findings contribute to clinical decision making and management recommendations.
- Risk factors to be considered in patient decision making

Resources for each session
Suggested resources and materials include:

- Book a venue
- Poster/flyer or email to advertise education session
- Computer
- Data projector
- Internet access to play simulation video – unless you have an electronic copy of the video
- Whiteboard and/or butchers paper and markers
- Reading materials and other handouts

Staff required
Depending on mode of delivery:

1. Facilitator/educator to run session and facilitate debrief with participants
2. Self-guided tutorial accessible online via TRACS WA website [www.subacute-care.org.au](http://www.subacute-care.org.au)
3. TRACS WA certification for CPD and review and report on program evaluation feedback

Evaluation
1. Participants to complete evaluation (online or paper) of session feedback
2. Provide certification for evidence of CPD
Laryngectomy: Leaking Voice Prosthesis

Learning outcomes
On completion of this resource, participants should be able to:

1. Identify current practices and challenges in assessment and management of patients with a voice prosthesis, post laryngectomy/tracheoesophageal (TE) puncture
2. Identify basic anatomy and functional changes post laryngectomy/tracheoesophageal (TE) puncture
3. Identify some of the different types of voice prostheses available for use
4. Understand potential for and risk of aspiration in a laryngectomy with a TE puncture/voice prosthesis
5. Explain why leaking voice prosthesis requires speech pathology management
6. Reflect on how to assess for a leaking voice prosthesis
7. Determine possible causes of a leaking voice prosthesis
8. Basic problem solving/decision making framework for short-term management of a leaking voice prosthesis
9. Identify appropriate behaviours/actions to manage a leaking voice prosthesis, and provide appropriate education to the patient
10. Recommendations for longer-term management of swallowing and appropriate follow-up
11. Investigate strategies to improve patient care in the clinical setting

Video summary
This simulation video depicts a therapy session undertaken between a Speech Pathologist and patient who has undergone a total laryngectomy for thyroid cancer. It highlights considerations in the assessment and management of a patient with a laryngectomy, and how to troubleshoot problems such as a leaking TE voice prosthesis that may arise. Additional supporting video resources are also provided within this module to further support participant learning where needed.

Simulation Scenario
This scenario depicts a review session of the patient with a Speech Pathologist at a tertiary hospital (not the patient’s local speech pathologist) for assessment of his valve, to identify presence and possible causes of a leak, and to provide management recommendations to maximise patient comfort and safety.

The patient presents to the Speech Pathology outpatient department with a leaking voice prosthesis (VP), seeking assistance. The patient reports coughing when drinking, therefore suspects a leak. At the Speech Pathology clinic, the patient’s voice prosthesis is assessed for acute problems and change, any active issues are treated and patient is provided with ongoing education to prevent and manage further problems.
The Speech Pathologist conducts a case history, examination of the patient's voice prosthesis and stoma, and assessment during swallowing. Recommendations to manage any identified issues are made and the patient is provided with ongoing education to prevent further problems occurring and/or facilitate/encourage self-management should issues arise.

- Patient is an 83 year old male
- Total Laryngectomy and primary tracheoesophageal puncture 4 years ago due to recurrent papillary thyroid cancer
- Patient also completed 7 weeks of post-operative radiotherapy following surgery

Past Medical History:

- Thyroid cancer
- Total Laryngectomy with TE puncture
- Ex-smoker

- Patient lives alone in his own home, is independent with all aspects of the daily care of his stoma/VP
- Patient attends the SCGH SP department for VP changes as required, usually every 4-5 months
- Currently uses a Blom Singer Indwelling VP 16 French (width) 6 mm (length)
- Patient’s stoma/VP is always clean and well cared for. He has had candida on his VP from time to time
- Patient has been experiencing increased shortness of breath on exertion and when using his VP in recent months. This is currently being investigated in respiratory and cardiology clinics
**Sample session plan**
This session plan is provided as a guide. All activities can be used flexibly.

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
<th>Activity</th>
<th>Considerations</th>
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</thead>
<tbody>
<tr>
<td>5 - 10 mins</td>
<td>Introduction</td>
<td>1.1 Introduce session and background briefing of SIM scenario</td>
<td>Participants may have a variety of clinical experiences in Laryngectomy care and in trouble-shooting issues with a voice prosthesis</td>
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<td>1.2 Ask participants if care of patients with a laryngectomy is familiar and/or important to them?</td>
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<td>1.3 Ask their understanding behind rationale for management of a leaking tracheoesophageal (TE) voice prosthesis?</td>
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<td>1.4 Invite participants to outline their experiences</td>
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<td>1.5 Give an overview of learning outcomes of session and video content</td>
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<td>1.6 Review patient history and considerations based on clinical presentation</td>
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</table>
| 5 - 10 mins | Supporting Simulation Video resources | Consider the use of these short supporting video materials, based on audience needs: | Video 1 provides an overview of how a TE voice prosthesis works, and some of the different types available. | 2.1 Play SIM Video supporting resource 1: *Tracheoesophageal Voice prosthesis* (duration 2 mins 7 seconds)  
2.2 Play SIM Video supporting resource 2: *Tracheostomy: Impact on respiratory, phonatory and swallowing function* (duration 2 mins 6 seconds)  
Video 2 demonstrates the impact of a tracheostomy on the passage of air through the respiratory system. |
| 9 mins 40 secs | Scenario                           | 3 Play SIM video *Laryngectomy: Leaking Voice Prosthesis*               | Ensure venue and equipment suitable for viewing SIM video                                                                                   |
| 10 mins  | Discussion                          | 4 Invite group discussion by asking if the video reflects their own clinical knowledge and experience? | Facilitate group discussion and reflection. Identify and clarify any knowledge gaps of participants                                         |
| 15-20 mins | Debrief | 5.1 Facilitator to give overview of the current situation  
5.2 Facilitate discussion around ‘Why has this situation arisen?’  
5.3 Facilitate discussion around ‘How can we improve our clinical care?’  
5.4 Refer to SIM videos for group discussion points of relevance (i.e. what is depicted, other considerations to make, potential issues to problem solve, additional information) | Consider use of whiteboard or butchers paper to facilitate active discussion. Consider best format for group discussion depending on participant numbers and room setup. Break into groups to address different areas or feedback with group as a whole. |
| 5 mins | Conclusion | 6.1 Recap session learning objectives  
6.2 Consider what has been learnt by the group  
6.3 Where to from here? Reflect on action points for clinical practice and patient education after the session  
6.4 Reflect on opportunities for Interprofessional Practice in your clinical setting when caring for Laryngectomy patients?  
6.5 Refer participants to supporting information and any readings of relevance  
6.6 Complete session evaluation | Remind participants of additional resources available on TRACS WA website |

**Additional considerations**

This scenario provides multiple teaching and learning opportunities including and not limited to:

- Considerations for interacting with a person with communication difficulties
- Infection control/clinic set up
- How to position oneself in relation to a patient with a laryngectomy to reduce risk of body fluid exposure
- How to introduce and end an assessment session
- How to explain an assessment, assessment findings and implications to a patient
- Liaison with the managing clinician at a tertiary site
- Counselling and patient education
- Rationale, pros, cons of fluid modifications and how to facilitate compliance with use
• Discussion about medication, limitations of the Speech Pathology role in recommending medications and need for medical advice/review

The *Tracheoesophageal voice prosthesis* and *Tracheostomy: Impact on respiratory, phonatory and swallowing function* videos can also be viewed prior to the simulation, for any participants who are not familiar with the anatomical and physiological changes associated with laryngectomy. It would be a useful introduction to familiarise participants with what a voice prosthesis is, how it works and the different types that are available.

### Additional readings and resources


Royal College of Speech and Language Therapists. Advised review date, 2012.

### References


Inhealth –images utilised with permission of Atos Medical
http://www.inhealth.com/category_s/60.htm


Royal College of Speech and Language Therapists. Advised review date, 2012.
# Appendices

Appendix 1: Attendance list template (Word document also available at subacute-care.org.au)

## Attendance List

**Laryngectomy: Leaking Voice Prosthesis**

**SIM Education Session, [Date, Venue]**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>Clinical area/Organisation</th>
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</table>
Appendix 2: SIM session plan template (Word document also available at subacutecare.org.au)

<table>
<thead>
<tr>
<th>SCENARIO TITLE:</th>
<th>Laryngectomy: Leaking Voice Prosthesis</th>
</tr>
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<tbody>
<tr>
<td>SIM VIDEO#:</td>
<td></td>
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</table>

**RATIONALE FOR SIM:**  
To illustrate Speech Pathology considerations, particularly for non-specialist clinicians to support them with first-line assessment and management of Laryngectomy patients, with suspected leaking valve in the Subacute Care setting.

**AIM:**  
To educate clinicians about basic, safe short term assessment and management of a leaking voice prosthesis.

**TIME REQUIRED IN MINUTES FOR EACH PHASE:**

<table>
<thead>
<tr>
<th>BRIEFING:</th>
<th>SIMULATION:</th>
<th>DEBRIEFING:</th>
<th>RUN TIME TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 -10 mins Introduction to session Outline Aims and Objectives</td>
<td>5-10 minutes- Supporting video resources Play Simulation video Laryngectomy: Leaking voice prosthesis (9 mins 40 seconds)</td>
<td>20 -30 minutes Group reflection and discussion</td>
<td>40 -50 minutes</td>
</tr>
</tbody>
</table>

**PERSONNEL REQUIRED:**  
☐ Participant(s)  
☐ Facilitator(s)  
☐ Self-Guided tutorial

**SETTING FOR SCENARIO**

☐ SAC Inpatient  
☐ SAC Outpatient  
☐ Telehealth/VC  
☐ SAC Community  
☐ Other:

**LEARNING OUTCOMES**

At the end of this simulation, participants should be able to:

1. Identify current practices and challenges in assessment and management of patients with a voice prosthesis, post laryngectomy/tracheoesophageal (TE) puncture
2. Identify basic anatomy and functional changes post laryngectomy/tracheoesophageal (TE) puncture
3. Identify some of the different types of voice prostheses available for use
4. Understand potential for and risk of aspiration in a laryngectomy with a TE puncture/voice prosthesis
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11. Investigate strategies to improve patient care in the clinical setting

<table>
<thead>
<tr>
<th>BACKGROUND – DESCRIPTION OF SCENARIO</th>
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<tbody>
<tr>
<td>The patient presents to the Speech Pathology outpatient department at a specialist tertiary centre with a leaking voice prosthesis (VP), seeking assistance. The patient reports coughing when drinking, therefore suspects leak. At the Speech Pathology clinic, the patient’s voice prosthesis is assessed for acute problems and change, any active issues are treated and patient is provided with ongoing education to prevent and manage further problems.</td>
</tr>
</tbody>
</table>

The Speech Pathologist conducts a case history, examination of the patient’s voice prosthesis and stoma, and assessment during swallowing. Recommendations to manage any identified issues are made and the patient is provided with ongoing education to prevent further problems occurring and/or facilitate/encourage self-management should issues arise.

<table>
<thead>
<tr>
<th>PATIENT INFO:</th>
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<tbody>
<tr>
<td>• Patient is an 83 year old male</td>
</tr>
<tr>
<td>• Total Laryngectomy and primary tracheoesophageal puncture 4 years ago due to recurrent papillary thyroid cancer</td>
</tr>
<tr>
<td>• Patient also completed 7 weeks of post-operative radiotherapy following surgery</td>
</tr>
</tbody>
</table>

Past Medical History:

- Thyroid cancer
- Total Laryngectomy with TE puncture
- Ex-smoker

- Patient lives alone in his own home, is independent with all aspects of the daily care of his stoma/VP
- Patient attends the SCGH SP department for VP changes as required, usually every 4-5 months
- Currently uses a Blom Singer Indwelling VP 16 French (width) 6 mm (length)
- Patients stoma/VP is always clean and well cared for. He has had candida on his VP from time to time
- Patient has been experiencing increased shortness of breath on exertion and when using his VP in recent months. This is currently being investigated in respiratory and cardiology clinics
### PRE-BRIEF PREPARATION AND EXPECTED KNOWLEDGE

**SKILLS:**

1. Identification of anatomical changes

**KNOWLEDGE:**  
1. TE Puncture/valve location and communication between oesophagus/trachea.  
2. Video, Supporting readings and articles

2. Assessment of swallowing (dysphagia)

**KNOWLEDGE:**  
1. Supporting readings and articles

3. Assessment of voice with a one-way valve

**KNOWLEDGE:**  
1. One-way valve allows airflow for voicing but prevents passage of fluids/saliva from oesophagus to trachea  
2. Video, Supporting readings and articles

4. Patient discussion and communication

**KNOWLEDGE:**  
1. Supporting readings and articles

### EQUIPMENT (per sim session)

Please note ALL equipment and set up required

| MOULAGE |
|---------------------|---------------------|
| □ Environment | Type:  
Choose an item.  
i.e. classroom viewing, self guided tutorial, Group Map session with supporting technology and software | Location: |

### EXTRA ITEMS

<table>
<thead>
<tr>
<th>Venue</th>
<th>Computer</th>
<th>Data Projector</th>
<th>Internet access to play Simulation video</th>
<th>Whiteboard/butchers paper and markers</th>
<th>Handouts</th>
</tr>
</thead>
</table>

### DOCUMENTS (if required)
<table>
<thead>
<tr>
<th>Role allocation</th>
<th>Getting into role</th>
<th>Coming out of role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scenario start cue/trigger e.g. patient handover</td>
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</tbody>
</table>

**Phase One:** Introduction and Objectives

**Phase Two:** View SIM videos

**Brief explanation of post laryngectomy anatomy/changes.** Draw attention to TEP/valve location and communication between oesophagus/trachea. Discuss one-way valve as way of allowing airflow for voicing but preventing passage of fluids/saliva from oesophagus to trachea.

**Assessment of stoma/valve function to check for leakage:**
- cleaning valve – Why? How?
- Trial of thickened fluids – Why? How?

**Feedback/ discussion with patient re: short terms recommendation and longer-term management:**
- why thickened fluids recommended
- why only short–term solution

**Phase Three:** Debrief (facilitated discussion) or Self-guided reflection with notes/discussion points provided for review by clinician.

**Post Hoc explanation by SP.** VP was removed by specialist SP and candida deposits were seen on the oesophageal side. Candida can affect the ability of the valve door to close, causing leakage through the VP when drinking. The valve was replaced with a new one and the patient was recommended to see his GP to commence anti-fungal treatment straight away.

**Phase Four:** Conclusion

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TRACS WA [www.subacute.care.org.au](http://www.subacute.care.org.au) Adapted with permission from SIM Scenario template, Curtin University SONMP, 2016
**Appendix 3: Simulation video scenario debrief guide for participants** *(Word document also available at subacute-care.org.au)*

**Simulation Video Scenario Debrief Guide for Participants**

This document may assist participants when viewing the Simulation Video scenario. It may be completed during and/or after watching the video Simulation Resource as part of a debriefing session. It can also be utilised as a reflective exercise for participants viewing the Video Simulation in a self-guided format.

### Debriefing – Phases of debriefing that may be employed in the Video Simulation session

1. **Reactions** – Clear the air, Set the stage
   - This is when the participants enter the debrief and release any emotions or existing thoughts they had during their viewing of the scenario.

2. **Understanding** – What happened and why
   - Refer to the Video Simulation scenario learning objectives provided – Participants may wish to consider these when observing the Video Simulation scenario
   - Uncover participants frames re: performance gap - Consider what the participants might have been thinking during the scenario
   - Facilitator to help move participants to new perspectives, understandings and skills – This might be where facilitator needs to consider any potential support issues that the participants may need.
   - Participants may wish to discuss application of principles for use in their own real clinical environment

3. **Summary** – Review and reflect
   - Lessons learnt for future use – Were the session learning outcomes achieved?
   - What worked well – did the scenario seem realistic and what parts reflect current practice? Are there any additional information or considerations needed for the interaction/communication with a patient in the clinical setting?
   - What to use next time – How might you adapt events depicted in the scenario to suit your own clinical environment or role?
   - What considerations may need to be made by clinicians to facilitate Interprofessional Practice in the clinical setting in the care of a patient?
<table>
<thead>
<tr>
<th>Item</th>
<th>Observation</th>
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<tbody>
<tr>
<td>Positive points/issues observed during the scenario</td>
<td>Points/issues observed during the scenario which may need further discussion or clarification</td>
</tr>
</tbody>
</table>

**Summary Points/Questions:**

1.

2.

3.

TRACS WA [www.subacute-care.org.au](http://www.subacute-care.org.au) Adapted with permission from author Dr Jon Mould, Curtin University SONMP, 2016
SIM Training Evaluation Form
Laryngectomy: Leaking Voice Prosthesis

Respondent’s Institution (optional):
Facility/Clinical Area attended (optional):

Thank you for attending today’s session. Please help us to evaluate the effectiveness of our Simulation training session by completing the following questions. Please indicate your level of agreement with the following statements (circle).

1. Facilitation of Training: I found the following aspects of the training useful and engaging

<table>
<thead>
<tr>
<th>Facilitation aspect</th>
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<td>1.1 The facilitation style</td>
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<td>1.2 Facilitator's response to questions</td>
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<td>1.3 Activities and group discussion</td>
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<td>1.4 Participant packs/resources provided</td>
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<td>1.5 Simulation Video resource</td>
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- Strongly disagree
- Strongly Agree

2. Was there enough time allocated for the training?        Yes No

3. What was the most useful aspect of the training?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
4. What was the least useful aspect of the training?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

5. What will you take back to your workplace from this training?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

6. Is there anything we could do to improve the session (e.g. content, delivery or different topics)?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

7. Would you recommend this training to your colleagues? Yes No

Any additional comments?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________