Tracheostomy: Assessment and Management in Subacute care

A facilitator’s guide

subacute-care.org.au
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, Brightwater Care Group staff and the video production team, Imagepro www.imagepro.net.au. This project received funding from the Australian Government.

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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 *Tracheostomy: Assessment and Management in Subacute care* teaching resource(s):

The *Tracheostomy: Assessment and Management in Subacute care* teaching resource has been reproduced with permission from the Training Centre in Subacute Care (TRACS WA), the Government of Western Australia, Department of Health 2016.

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.
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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 Tracheostomy 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 Tracheostomy 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 Tracheostomy 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\(^1\) 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 Tracheostomy 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 Tracheostomy 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.subacutecare.org.au](http://www.subacutecare.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 Brightwater Care Group.

The facilitator’s role
As a facilitator, your role is to stimulate and encourage discussion about Tracheostomy 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 Tracheostomy 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 Tracheostomy 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:

- Identify the teams who work locally with patients with tracheostomies to facilitate quality of life, manage ongoing complex medical conditions, advocate and support person centred care
- The roles of multidisciplinary team members as they apply to the management of a patient with a tracheostomy
- Facilitating functional and effective communication for patients with a tracheostomy
- Team based problem solving and communication skills as they relate to development and evaluation of a tracheostomy care plan, including airway management, voice and swallow assessment
- How to provide education about tracheostomy management to members of the multidisciplinary team
- Identify common barriers and facilitators to tracheostomy weaning both from a patient, team and organisational perspective
- Considerations for goal setting with patients undergoing tracheostomy weaning

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.subacutecare.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
Notes


Tracheostomy: Assessment and Management in Subacute care

Learning outcomes

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

1. Identify the teams who work locally with patients with a tracheostomy to facilitate quality of life, manage ongoing complex medical conditions, advocate and support person centred care
2. The roles of multidisciplinary team members as they apply to the management of a patient with a tracheostomy
3. Facilitating functional and effective communication for a patient with a tracheostomy
4. How to provide a relevant and informative case history for a patient with a tracheostomy
5. Team based problem solving and communication skills as they relate to development and evaluation of a tracheostomy care plan, including airway management, voice and swallow assessment
6. How to provide education about tracheostomy management to members of the multidisciplinary team
7. Identify common barriers and facilitators to tracheostomy weaning both from a patient, team and organisational perspective
8. Considerations for goal setting with patients undergoing tracheostomy weaning

Video summary

This simulation video depicts a therapy session undertaken between the Multidisciplinary team (Physiotherapist, Speech Pathologist and Registered Nurse) and patient who has undergone a Tracheostomy following a Pontine haemorrhage and resulting Acquired Brain Injury 3 years ago.

Simulation Scenario

This scenario depicts a review session of the patient with a Speech Pathologist, Physiotherapist and Registered Nurse in a Subacute care setting. The team conduct a brief case history, examination of the patient’s tracheostomy and stoma, assessment of coughing, voicing and swallowing, and examination of how well the patient tolerates de-cuffing. Recommendations are made throughout to manage any identified issues, and to facilitate self-management.

Patient is a 50 year old male, who suffered a Pontine haemorrhage and resulting Acquired Brain Injury 3 years ago.

Past Medical History:

- Hypertension
- Respiratory Tract infections
- Pulmonary Embolus
- Sepsis

Patient is wheelchair dependent, Size 6 LPC Shiley’s cuffed tracheostomy tube with inner cannula, PEG tube insitu.
**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>
</tr>
</thead>
</table>
| **5 - 10 mins** | Introduction | 1.1 Introduce session and background briefing of SIM scenario  
1.2 Ask participants if care of patients with a Tracheostomy is familiar and/or important to them?  
1.3 Ask their understanding behind rationale for MDT management of a patient with a Tracheostomy?  
1.4 Invite participants to outline their experiences  
1.5 Give an overview of learning outcomes of session and video content  
1.6 Review patient history and considerations based on clinical presentation | Participants may have a variety of clinical experiences in Tracheostomy care and in trouble-shooting of issues  
Outline elements shown in the SIM Videos, including assessment and management of Tracheostomy, patient education, discussion and communication, and any considerations needed based on patient history and current presentation |
| **5 - 10 mins** | Supporting Simulation Video resources | Consider the use of these short supporting video materials, based on audience needs:  
2.1 Play SIM Video supporting resource 1: *Tracheostomy: Impact on respiratory, phonatory and swallowing function* (duration 2 mins 6 seconds)  
2.2 Play SIM Video supporting resource 2: *Tracheoesophageal Voice prosthesis* (duration 2 mins 7 seconds) | Video 1 demonstrates the impact of a tracheostomy on the passage of air through the respiratory system.  
Video 2 provides an overview of how a TE voice prosthesis works, and some of the different types available. |
| **11 mins** | Scenario | 3 Play SIM video *Tracheostomy: Assessment and Management in Subacute care* | 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 identified. |
| **15-20 mins** | Debrief | 5.1 Facilitator to give overview of the current situation  
5.2 Facilitate discussion around ‘Why has this situation arisen?’ | Consider use of whiteboard or butchers paper to facilitate active discussion. |
### Tracheostomy: Assessment and management in subacute care

<table>
<thead>
<tr>
<th>5 mins</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Recap session learning objectives</td>
<td>Remind participants of additional resources available on TRACS WA website</td>
</tr>
<tr>
<td>6.2 Consider what has been learnt by the group</td>
<td></td>
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<tr>
<td>6.3 Where to from here? Reflect on action points for clinical practice and patient education after the session</td>
<td></td>
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<tr>
<td>6.4 What are some considerations for goal setting with this patient?</td>
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<tr>
<td>6.5 Reflect on opportunities for Interprofessional Practice in your clinical setting when caring for Tracheostomy patients?</td>
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<tr>
<td>6.6 Refer participants to supporting information and any readings of relevance</td>
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<tr>
<td>6.7 Complete session evaluation</td>
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</tbody>
</table>

### 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/set up for assessment and management of patient with a tracheostomy
- How to introduce and end an assessment session
- How to explain an assessment, assessment findings and implications to a patient
- Overview of airway, breathing, voice and swallow assessment and management
- Multidisciplinary team planning and management of the patient in the subacute care setting

The *Tracheostomy: Impact on respiratory, phonatory and swallowing function* and *Tracheoeosophageal voice prosthesis* videos can also be viewed prior to the simulation, for any participants who are not familiar with the anatomical and physiological changes associated with tracheostomy.
References


Appendices

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

Attendance List

**Tracheostomy: Assessment and Management in Subacute care**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>Clinical area/Organisation</th>
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<tbody>
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</table>
### SIM session plan template

#### TRACHEOSTOMY: ASSESSMENT AND MANAGEMENT IN SUBACUTE CARE

**TITLE:** Tracheostomy: Assessment and Management in Subacute care

**SIM VIDEO#:** 16

**RATIONALE FOR SIM:** To depict the MDT assessment and review of a patient with a tracheostomy in the subacute care setting.

**AIM:** To educate clinicians about the multidisciplinary team assessment and management of a patient with a tracheostomy in the subacute care setting.

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

<table>
<thead>
<tr>
<th>Phase</th>
<th>Time Required</th>
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</thead>
<tbody>
<tr>
<td>Briefing</td>
<td>5 - 10 mins</td>
</tr>
<tr>
<td>Simulation</td>
<td>10 - 20 mins</td>
</tr>
<tr>
<td>Debriefing</td>
<td>20 - 30 mins</td>
</tr>
</tbody>
</table>

**# of PHASES:** 3

**TIME TOTAL:** 50 - 60 minutes

**BRIEFING:**
- Introduction to session
- Outline Aims and Objectives

**SIMULATION:**
- Supporting video resources
- Play Simulation video

**DEBRIEFING:**
- Group reflection and discussion

**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 the teams who work locally with patients with a tracheostomy to facilitate quality of life, manage ongoing complex medical conditions, advocate and support person centred care.
2. The roles of multidisciplinary team members as they apply to the management of a patient with a tracheostomy.
3. Facilitating functional and effective communication for a patient with a tracheostomy.
4. How to provide a relevant and informative case history for a patient with a tracheostomy.
5. Team based problem solving and communication skills as they relate to development and evaluation of a tracheostomy care plan, including airway.
management, voice and swallow assessment
6. How to provide education about tracheostomy management to members of the multidisciplinary team
7. Identify common barriers and facilitators to tracheostomy weaning both from a patient, team and organisational perspective
8. Considerations for goal setting with patients undergoing tracheostomy weaning

BACKGROUND – DESCRIPTION OF SCENARIO

The patient is reviewed by the multidisciplinary team (Nursing, Speech Pathology, Physiotherapy) in the subacute care setting.

The Registered Nurse, Physiotherapist and Speech Pathologist conduct a brief case history, examination of the patient’s tracheostomy and stoma, assessment of coughing, voicing and swallowing, and examination of how well the patient tolerates de-cuffing. Recommendations are made throughout to manage any identified issues, and to facilitate self-management.

PATIENT INFO:
- Patient is a 50 year old male
- Tracheostomy due to Acquired Brain Injury following Pontine haemorrhage 3 years ago
- Past Medical History:
  - Hypertension
  - Respiratory Tract infections
  - Pulmonary Embolus
  - Sepsis
  - Patient lives in residential facility and is dependent with all aspects of the daily care, including tracheostomy
  - Tracheostomy is always clean and well cared for
  - Patient is wheelchair dependent
  - PEG tube insitu
  - Size 6 LPC Shiley’s cuffed tracheostomy tube with inner cannula

PRE-BRIEF PREPARATION AND EXPECTED KNOWLEDGE

<table>
<thead>
<tr>
<th>SKILLS:</th>
<th>KNOWLEDGE: (E.g. Readings, video’s etc.)</th>
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</thead>
<tbody>
<tr>
<td>1. Identification of anatomical changes</td>
<td>1. Tracheostomy location and communication between oesophagus/trachea and normal air flow.</td>
</tr>
<tr>
<td></td>
<td>2. Video, Supporting readings and articles</td>
</tr>
</tbody>
</table>
2. Assessment of coughing, swallowing (dysphagia) and voicing
   1. Video, Supporting readings and articles

3. Assessment of tracheostomy and cuff deflation, documentation
   1. Video, Supporting readings and articles

4. Patient discussion and communication; considerations for goal setting
   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**

- Venue
- Computer
- Data Projector
- Internet access to play Simulation video
- Whiteboard/butchers paper and markers
- Handouts

**DOCUMENTS (if required)**

- Sample Patient notes
- Sample Obs chart
- Other

**SCENARIO OUTLINE - FACILITATOR**

- Role allocation
- Getting into role
- Coming out of role
### Scenario start cue/trigger e.g. patient handover

<table>
<thead>
<tr>
<th>Phase One:</th>
<th>Introduction and Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase Two:</td>
<td>View SIM videos&lt;br&gt;&lt;br&gt;<strong>Brief explanation of post tracheostomy anatomy/changes.</strong> Draw attention to tracheostomy location and communication between oesophagus/trachea.&lt;br&gt;&lt;br&gt;<strong>Assessment of tracheostomy stoma function:</strong>&lt;br&gt;- cleaning valve – Why? How?&lt;br&gt;- cuff deflation – Why? How? Impact on voicing and secretion management&lt;br&gt;&lt;br&gt;Feedback/ discussion with patient re: short term recommendations and longer-term management</td>
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<tr>
<td>Phase Three:</td>
<td>Debrief (facilitated discussion) or Self-guided reflection with notes/discussion points provided for review by clinician.</td>
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<tr>
<td>Phase Four:</td>
<td>Conclusion</td>
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TRACS WA  [www.subacuteare.org.au](http://www.subacuteare.org.au) Adapted with permission from SIM Scenario template, Curtin University SONMP, 2016
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

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
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</table>
| **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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<tr>
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<td>Positive points/issues observed during the scenario</td>
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**Summary Points/Questions:**

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2. 
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TRACS WA [www.subacutecare.org.au](http://www.subacutecare.org.au) Adapted with permission from author Dr Jon Mould, Curtin University SONMP, 2016
SIM Training Evaluation Form
Tracheostomy: Assessment and Management in Subacute care

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>Aspect</th>
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<tbody>
<tr>
<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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2. Was there enough time allocated for the training? Yes No

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

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Tracheostomy: Assessment and Management in Subacute care | A facilitator’s guide
4. What was the least useful aspect of the training?

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

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

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

Any additional comments?

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