

# CLINICAL SIMULATION

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# DISCLOSURE

- Financial Disclosures – Kerri Phillips registration and travel to the NCSB Conference is being reimbursed by the NCSB.
- Nonfinancial Relationships – Kerri Phillips is Professor and Program Director in Speech-Language Pathology at Louisiana Tech University. She is President and on the Board of Directors of NCSB. She served on the Interstate Compact Advisory Workgroup and drafting team as the NCSB representative. She is an member of ASHA.



# WHAT IS CLINICAL SIMULATION

- Replicates real world patients for teaching and experimenting
- Bridges that gap between content knowledge and skills assessment
- Provides an unbiased view of students understanding of clinical experiences
- Includes screenings, assessment, and treatment activities

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# ADVANTAGES TO CLINICAL SIMULATION

- Can be used for a variety of learners.
- Helps to “fill the gap” by presenting opportunities to practice with communication disorders students may not have in University training programs. .
- Gathers data about what the learner is doing which allows specific feedback about all aspects of evaluation and treatment. The specific feedback assists supervisors in targeting areas of improvement.
- Allows debriefings which aid learning about why things took place.
- Allows programs to document improved or remediated performance.



# DISADVANTAGE OF CLINICAL SIMULATION

- Patients are not real
- Can be a financial strain
- Faculty training in use of simulation
- Can require dedicated places for simulation



# CLINICAL SIMULATION IS NOT:

- OBSERVATION either live or recorded

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# WHY ARE TRAINING PROGRAMS USING CLINICAL SIMULATION?

- Decrease in number of clinical sites.
- Increase of programs within the field.
- Faculty expertise.
- Facilities and payors limiting the use of students in patient care.



# CERTIFICATION STANDARDS

- Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) allows CAA accredited programs the option of using Clinical Simulation for up to 75 hours of direct clinical contact(2016).





# SUPERVISION OF CLINICAL SIMULATION

- Supervision at same levels of "face to face" patient encounter
- Can be synchronous or asynchronous
- Student must be actively engaged
- Debriefing must occur but can not be counted toward clock hour.

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# HOW CLOCK HOURS ARE COUNTED

- Companies may publish an average time per case.
- If a published time does not exist, then programs can determine the average time students spend on the simulation which should be applied fairly and equitably.
- Clock hours can only be counted once.

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# QUESTIONS

