

LEARNING GOALS

Knowledge/Skills that I want to gain	Strategies to develop goal	Time frame	I know what I have achieved this goal when...	Evidence of goal being achieved
<p>1. For non-complex and familiar patients on all caseloads, to independently:</p> <p>a. Identify the swallowing/communication conditions which require further investigation;</p> <p>b. To select appropriate assessment tools;</p> <p>c. To administer the assessment;</p> <p>d. To determine if any further assessment is required;</p> <p>e. To form a diagnosis based on the clinical bedside /communication assessment.</p>	<p>a. Develop familiarity with TNM classification system;</p> <p>b. Develop general familiarity with the likely impact of the site of lesion and radiation/chemotherapy on swallowing/communication outcomes;</p> <p>c. Revise lecture material on OMEs, swallowing/communication assessments;</p> <p>d. Take case histories;</p> <p>e. Informally information gather through informal conversations with patients and their significant others;</p> <p>f. Review assessments at clinics;</p> <p>g. Continue to observe CE and peer administer assessment;</p> <p>h. After assessments have been administered, reflect on performance.</p>	<p>End COMPASS</p>	<p>a. Having received positive CE feedback and peer feedback as to some assessment sessions;</p> <p>b. Independently able to select appropriate assessment tools for majority of patients on the spot;</p> <p>c. Feeling confident in discussions with CE/peer as to patient’s diagnosis;</p> <p>d. Being marked as “entry level” on CBOS Unit 1- Assessment.</p>	<p>-Independently determines “high risk” vs “low risk” pts at ontreat clinic</p> <p>-Independently uses informal observations/questioning/ pt history at on treat clinic to determine if Ax (swallow reviews) are necessary for pts</p> <p>-After onward ax, largely independently records on progress note “impressions”- which encompasses pts diagnosis</p> <p>-At ontreat clinic, independently administers OMEs and swallow reviews</p> <p>-Independently uses informal questions/ word lists to make informal assessments of pt’s communication</p> <p>-For onward lip abbe flap pt/cardiac pt/mics surg pt- independently</p>

				administered/interpreted a bedside swallow review -Together with other student and with low assistance from JH, administered an initial OME and swallow review for pt on misc surg ward.
2. To develop my written communication skills to a high level in all caseloads.	<ul style="list-style-type: none"> a. Observing the content of progress notes/reports completed by CE/peer; b. Completing draft progress notes/reports for CE review; c. Paying attention to any amendments made to draft progress notes/ reports by CE; d. Developing familiarity with medical acronyms; e. Looking at examples of previous reports completed for HN cancer patients; f. Working on and completing QI laryngectomy project. 	Mid COMPASS.	<ul style="list-style-type: none"> a. Independently complete progress notes/reports without redraft from CE; b. Marked as "entry level" on Compass Unit 2-Communication. 	<ul style="list-style-type: none"> -In onward caseload, progress notes completed with limited amendments made by SW -In ontreat clinics, writing directly onto medical charts with no amendments made by JH -Completion of ontreat discharge reports with very limited amendments made by JH -Completion of draft discharge report for ENT patient with other student-limited amendments made by SW
3. For non-complex and familiar cases, to use clinical decision making to independently select and implement clinical management to address swallowing/communication issues in the ENT ward and	<ul style="list-style-type: none"> a. Continuing to develop familiarity with the TNM classification system; b. Continuing to develop general familiarity with the likely impact of the site of lesion and radiation/chemotherapy on likely swallowing/communication outcomes; 	End COMPASS	<ul style="list-style-type: none"> a. Feeling confident in discussions with CE/peer about clinical management, and ability to justify reasons for selected clinical management; b. Ability to make on the spot decisions about clinical management; c. Successfully identifying when referrals should be made to other MD 	<ul style="list-style-type: none"> -In ontreat clinic, largely independently discussed with various patients options to manage side effects of chemo-radiation (eg dietary modifications/xerostomia) -For onward patients,

<p>on-treat clinic.</p>	<p>c. Creating a table which summarises some common clinical management strategies for the ENT ward (e.g. dysphagia compensatory and rehabilitation techniques); d. Creating a table which summarises common clinical management strategies for the on-treat outpatient clinic; e. With patients seen together with my peer on the ENT ward, discussing with peer clinical management strategies and reasons for these; f. Continue to observe CE and peer implementing clinical management; g. Review relevant research; h. Reflect on performance post clinical management.</p>		<p>professionals and making those referrals; d. Being marked as “entry level” on the relevant CBOS competencies for planning intervention and intervention.</p>	<p>largely independently (and correctly!) comes up with immediate management plan prior to seeing pt. Documented part of future management plan for pts in progress note with minimal amendments from SW. -With partial glossectomy pt, independently upgraded diet and independently considered compensatory strategies (positioning of bolus and utensils). -Independently reviewed pt on cardiac ward and independently downgraded diet.</p>
<p>4. To develop rapport and to develop goals with patients and their significant others in all case loads to increase patient participation in clinical management.</p>	<p>a. Using jargon free simplistic language, direct eye contact, active listening and open nonverbal communication with patients and their significant others; b. Showing an authentic interest in the patient as a person by asking the patient general questions (“how’s your day been so far”) before launching into clinical management; c. Adapting interactional style to patient needs; d. Reflecting on rapport building attempts;</p>	<p>Mid COMPASS</p>	<p>a. Patients are willing to participate in clinical management (including provide me with relevant information); b. Patient’s significant others are supportive of clinical management; c. Receiving positive CE feedback and peer feedback as to rapport building skills; d. Being marked as “entry level” on CBOS 4.1- establishes rapport in speech pathology intervention program.</p>	<p>RAPPORT -Developed different interactional skills with familiar patients as required to develop rapport- eg dealing efficiently with an impatient pt, sensitively with a pt with mental health issues. GOAL SETTING</p>

	<p>e. Continue to observe CE, other professionals and peer rapport building; f. Develop and discuss goals with patients/significant others.</p>			<p>-When considering diet upgrades, independently discussed with pts whether that would be something they would be interested in -For ENT pts, independently discussed preferred means of oral intake (cup, straw etc) -For pts on ontreat clinic, provided management based on the side effects pts indicate they are most concerned with</p>
<p>5. To develop my understanding of the role of members in the multi-disciplinary team (including dieticians) in order to liaise and share information with the MD team.</p>	<p>a. Observe other professionals in their treatment sessions (such as the dietician in the on-treat clinic); b. Observe referrals made by CE/peer and discuss reasons for referral if not obvious; c. Providing client information to MD members as requested; d. Updating the MD team at any client meetings; e. Clinical work in the joint outpatient clinic with the dietician; f. Attendance at the Friday HN clinical management meeting.</p>	<p>In between Mid-Semester COMPASS and End-Semester COMPASS.</p>	<p>a. Successfully identifying when referrals should be made to other MD professionals and making those referrals; b. Feeling confident in my own knowledge about the role and function of MD team members; c. Being marked as “entry level” on CBOS competency 3.6 (defines roles and responsibilities for management of client’s swallowing and/ or communication issues).</p>	<p>MD UNDERSTANDING</p> <p>-Attended the allied health head and neck cancer talk -Observing dietician’s work at ontreat clinic -Attended the Flying Start Professional Development Seminar where MD practice was discussed -Attended the Friday head and neck clinic - Independently liaised with NS, dietician, social worker, doctors and physio about pts -Observed CE/peer liaising with doctors, surgeons, OT’s and physios</p>

				<p>-Watched NS removing an NG tube at ontreat clinic</p> <p>MD LIASING AND SHARING INFORMATION</p> <p>-At ontreat clinic, providing information as required to dietician</p> <p>-Updating NS/dietician as to results of diet changes and swallowing reviews</p> <p>-Discussed with ENT nursing manager current patients and new admission</p> <p>-Discussed with social worker management plan for pt</p> <p>-Discussed with Dr time period for pt to remain on puree</p>
<p>6. To become competent in providing to patients and their significant others in all caseloads understandable and jargon free feedback relating to their clinical management.</p>	<p>a. Observe CE and peer providing feedback;</p> <p>b. Practice presentation of feedback with peer;</p> <p>c. Consult CE in preparing information that would be appropriate to present to the client and significant others;</p> <p>d. Reflecting on feedback sessions.</p>	<p>In between Mid-Semester COMPASS and End-Semester COMPASS</p>	<p>a. Post feedback, I will ask patients if they have understood what I have said and if they have any questions. If patients indicate they have understood and have minimal questions, effective feedback has been provided;</p> <p>b. Being marked as "Entry Level" on CBOS competency 2.5 (provides feedback to clients and significant others about assessment and management).</p>	<p>-For pts at ontreat clinic and onward, largely independently have:</p> <p>a. Explained why OME's/ swallow review are being conducted;</p> <p>b. Provided feedback as to results of OME/swallow reviews;</p> <p>c. Explained the reasons for</p>

				diet upgrades/ downgrades and positioning adjustments
<p>7. To independently manage my daily workload and complete all administrative tasks such as PI5.</p>	<p>a. Purchase and use diary to schedule work tasks; b. Print off client lists at the beginning of the day; c. Create “to do” lists; d. Promptly update client lists (e.g. ENT list)</p>	Mid COMPASS.	<p>a. Feel like I’m organised and all workload tasks are promptly completed; b. Being marked as “Entry level” on CBOS Unit 5, elements 5.1-5.4.</p>	<p>-Diary being used -Printed off client lists at the beginning of the day, worked out priority pts in consultation with other student and CE, created to do lists and updated all client lists -Pts to be seen at ontreat clinic divided up with other student prior to clinic -Stats being completed -With low assistance, managed time throughout day</p>
<p>8. In order to improve my clinical management skills, to develop:</p> <p>a. My anatomical/ physiological knowledge to allow a general understanding of the likely swallowing/speech symptoms resulting from common HN surgeries;</p> <p>b. My knowledge as to the likely side effects of radiation/</p>	<p>a. Revise anatomy lecture notes/HN cancer lecture notes; b. Review material in HN cancer resource folder and any relevant text books; c. Discuss with my peer specific HN surgeries seen on the wards, review surgery notes and discuss with my peer likely swallowing/speech symptoms; d. Prepare a table which summarises common HN surgeries and likely effects on speech/swallowing; e. Find recent research as to</p>	In between Mid-Semester COMPASS and End-Semester COMPASS.	<p>a. Completing QI laryngectomy project; b. Being able to confidently and correctly answer most general patient queries as to surgical/chemo-radiation impact on swallowing/speech; c. Feeling comfortable about the level of my knowledge; d. Being marked as “Entry Level” on CBOS competencies 1.2, 1.3 and 2.3.</p>	<p>-Attended and presented at HN cancer talk -Reviewed lecture material and material in HN cancer resource folder, including various surgeries and effect on speech and swallowing -Discussed with other student/CE cases seen on ward -Participation in clinical skills tutorials and presentation of cases at tutorials</p>

<p>and or chemotherapy on speech/swallowing;</p> <p>c. My general dysphagia knowledge.</p>	<p>common side effects of radiation/chemotherapy and prepare a table which summarises the impact on speech/swallowing; swallowing/speech symptoms;</p> <p>f. Participation in clinical skills tutorials;</p> <p>g. Attendance at the Friday HN clinical management meeting.</p>			<p>-Prepared table outlining common side effects of chemo-radiation and clinical management of these</p> <p>-Completed laryngectomy QI literature review/training booklet</p> <p>-Attended dysphagia and trachie seminars on 2/3.09.13</p> <p>-Attending cancer seminar on 16.09.13</p> <p>-Reviewed literature as appropriate based on cases seen on ward- eg abbe flaps.</p>
--	---	--	--	--

Student's signature:

Clinical Educators' signature: