GUIDELINES AND RECOMMENDATIONS FOR TELESUPERVISION of TELETHERAPY PLACEMENTS IN SPEECH-LANGUAGE PATHOLOGY – AN ALTERNATE MODEL OF CLINICAL EDUCATION IN PANDEMIC TIMES

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"The true creator is necessity, who is the mother of our invention."

Teletherapy and telesupervision are not new to the professions of Audiology and Speech and Language Pathology. The need for a document to guide clinical educators conducting telesupervision of teletherapy placements has developed during this time of pandemic. The following is a review of the literature on telesupervision and guidelines currently available regarding best practice, as well as advice from clinicians currently offering this type of placement experience.

 Distance supervision or telesupervision refers to clinical supervision conducted by using technology such as telephone, email or videoconferencing. (Brandoff and Lombardi, 2012)

Telesupervision has the potential to achieve the same benefits as face-to-face supervision and offers a very promising approach to supervision, particularly for geographically isolated practitioners. (Miller, et al., 2010; Rousmaniere, et al., 2014)

Many guidelines that we currently use to supervise a learner continue to apply to a telepractice placement, with a few added considerations:

1. Use face to face videoconferencing when orienting the learner and setting their initial placement goals.   Enhancing non-verbal and verbal communication with videoconferencing, will build cohesion and mutual understanding between the clinical educator and learner.

2. Plan additional time during interactions with your learner to build a collegial relationship. Supervisor-supervisee fit, which results in a positive supervisory relationship, has been shown to be a critical factor for effective and high quality supervision, especially in telesupervision (Martin et al., 2017).

3. Develop an orientation and training plan for the teletherapy platform. Many sites are using different technologies to deliver speech and language services online. The student will require training and orientation to the particular platform being implemented at your site.

4. Plan and establish a system to share online materials for intervention and assessment. A cloud drive can be used to share materials (e.g. google suites, Microsoft teams, etc.) with the student for teletherapy.

5. If new to telepractice, plan for the student to mainly observe during the first week of placement. Provide explicit instruction to the student regarding treatment materials and how to share them over the platform to deliver services (e.g. screen sharing, whiteboards, IPAD mirroring, etc.). Encourage the learner to practice outside of sessions.

6. Schedule regular feedback and planning meetings with the learner. Martin et al. (2017) recommends that supervisees and supervisors set aside and protect additional supervision time through all the phases of telesupervision.

7. Regularly review the telesupervision arrangement to ensure that the learning goals and objectives are being met. A review of the style of supervision, the effectiveness of feedback provided, the nature of the supervisory relationship, and the support provided should be evaluated (Martin et al., 2017).

The following technical recommendations to enhance online interactions are suggested:

- At the onset, the clinical educator (CE) should introduce themselves to the client using both the camera and microphone. When not actively involved in the session, the CE should turn off the microphone and camera to reduce distractions to both the leaner and the client.
- Prompt the client to use speaker view setting and hide self-view to optimize prompts from the clinician and further reduce distractions.
- If online feedback or instructions are being provided during the session, develop methods for the student to receive the feedback minimizing client distraction e.g. private chat box, email, breakout rooms.
- When the clinical educator is engaging with the client and the learner, prompt participants to move to Gallery view to enhance group discussion.
- Enable waiting rooms to allow for uninterrupted time for the clinical educator and learner to debrief pre and post client sessions.

Some additional suggestions on welcoming a learner via telepractice include:

1. Virtual office tours - conduct a virtual tour of the team working at your site. Giving introductions and including the learner to the team will require additional planning. Ensure they have opportunities to meet your colleagues and have formal introductions to their roles.

2. Virtual coffee meetings - these meetings can help your learner get to know the team on a more personal level, thereby helping them to engage with your organization as a whole.

3. Inter-professional virtual collaboration - intentionally plan interprofessional meetings with the team in regard to mutual clients. Some sites have communication platforms that allow them to further engage to collaborate.

For more information on telepractice, please visit the following resources;

SAC Telepractice Webinar series:

https://www.sac-oac.ca/news-events/news/telepractice-webinar-series

SAC position paper on telepractice:

https://www.sac-oac.ca/sites/default/files/resources/sac_telepractice_position_paper_english.pdf

American Speech-Hearing-Language Association Telepractice portal:

https://www.asha.org/practice-portal/professional-issues/telepractice/

Thank you to Speech-Language Pathologists Carrie Hall, MCISc., and Jocelyn Kennedy, M.SLP, at Firefly in Kenora, Ontario, as well as Lisa Odlozinski, M.Sc., at Georgian College for their professional insights in the development of these recommendations

References

Brandoff R., Lombardi R. Miles apart: two art therapists' experience of distance supervision. Art Ther. 2012;29(2):93–96. [Google Scholar]

Martin P, Kumar S, Lizarondo L. Effective use of technology in clinical supervision. *Internet Interv*. 2017;8:35-39.

Miller T.W., Miller J.M., Burton D. Telehealth: A model for clinical supervision in allied health. Inter. J. Allied Health Sci. Pract. 2010;1(2) [Google Scholar]

Rousmaniere T., Abbass A., Frederickson J. New developments in technology-assisted supervision and training: a practical overview. J. Clin. Psychol. 2014;70(11):1082–1093. [PubMed] [Google Scholar]