Communiqué



Guidelines and Recommendations for Telesupervision of Telepractice 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." – Edward Herbert Land

Telepractice and telesupervision are not new to the professions of audiology and speech-language pathology. The need for a document to guide clinical educators conducting telesupervision of telepractice placements has arisen during the COVID-19 pandemic. This article reviews the literature on telesupervision and the guidelines currently available regarding best practices. As well, this article includes advice from clinical educators 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 & Lombardi, 2012).

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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 in a telepractice placement, with a few additional considerations:

- Plan for extra time during interactions with your learner to build a collegial relationship; more
 frequent sessions might be required when no prior relationship exists (Martin, Lizarondo & Kumar,
 2018). Clinical educator-learner 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, Lizarondo & Kumar, 2017).
- 2. 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.
- 3. Develop an orientation and training plan for the telepractice platform. Many sites use different technologies to deliver speech-language pathology services online. The learner will require training and orientation to the particular platform being implemented at your site.
- 4. Determine learning objectives together and include time for learner reflection (Knowles, 1973).
- Plan and establish a system to share online materials for assessment and intervention. A cloud drive (e.g. Google suites, Microsoft teams, etc.) can be used to share materials required for telepractice with the learner.
- Increased planning and organization are required. Schedule structured meetings with predetermined topics/cases (Yellowlees, 2019).
- Review communication skills, including use of formal/direct communication style, use of slower speaking rate, longer blocks of dialogue with disciplined turn-taking, exaggerated non-verbal behavior and suprasegmental information. Also, written materials should be emailed to clients prior to the session (Martin, Lizarondo & Kumar, 2018).
- 8. If new to telepractice, plan for the learner to mainly observe during the first week of placement. Provide explicit instruction to the learner about assessment and treatment materials and ways of sharing them over the platform when delivering services (e.g. screen sharing, whiteboards, iPad mirroring, etc.). The learner should practice outside of sessions.
- 9. Consider 100% supervision at the beginning of the placement with fading once improvement in skill set is demonstrated. It is important to match the level of supervision to the learner's competence (Yellowlees, 2019). It can take up to five sessions for participants to feel comfortable with telepractice (Gammon, Sorlie, Bergvik & Sorensen-Hoifodt, 1998).
- 10. Schedule regular feedback and planning meetings with the learner; also provide real-time feedback. Martin et al. (2017) recommends that clinical educators and learners set aside and protect additional supervision time through all the phases of telesupervision.
- 11. Regularly review the telesupervision arrangement to ensure that the learning goals and objectives are being met. The style of supervision, the effectiveness of feedback provided, the nature of the supervisory relationship and the support provided should be evaluated (Martin, Lizarondo & Kumar, 2017).

The following technical recommendations enhance online interactions:

- At the onset, the clinical educator should introduce themselves to the client using both the camera and microphone. When not actively involved in the session, the clinical educator should turn off the microphone and camera to reduce distractions to both the learner and the client.
- Prompt the client to use the speaker view setting and hide self-view to optimize prompts from the clinician and further reduce distractions.
- If online feedback or instructions are provided during the session, develop methods for the learner to receive the feedback that minimize client distraction (e.g. private chat box, email or 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.
- Use 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.

- 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. Interprofessional virtual collaboration intentionally plan interprofessional meetings with the team about mutual clients. Some sites have communication platforms that allow them to collaborate.

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

- SAC Telepractice Webinar series
- Position Paper on the Use of Telepractice by SAC Speech-language Pathologists and Audiologists
- SAC Update on Telepractice During COVID-19
- American Speech-Hearing-Language Association Telepractice portal

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References

Brandoff, R., & Lombardi, R. (2012). Miles apart: Two art therapists' experience of distance supervision. *Art Therapy*, 29(2): 93–96.

Gammon, D., Sorlie, T., Bergvik, S., & Sorensen-Hoifodt, T. (1998). Psychotherapy supervision conducted via videoconferencing: A qualitative study of users' experiences. *Journal of Telemedicine and Telecare*, *4*, 33-35.

Knowles, M. (1973). The adult learner: A neglected species. ERIC, accessed on July 6 2020 at https://eric.ed.gov/?id=ED084368.

Martin, P., Kumar, S., & Lizarondo, L. (2017). Effective use of technology in clinical supervision. *Internet Intervention, 8*: 35-39.

Martin, P., Kumar, S., & Lizarondo, L. (2018). A systematic review of the factors that influence the quality and effectiveness of telesupervision for health professionals. *Journal of Telemedicine and Telecare*, 24(4), 271-281.

Miller, T. W., Miller J. M., & Burton, D. (2010). Telehealth: A model for clinical supervision in allied health. *International Journal of Allied Health Practice*, 1(2).

Rousmaniere, T., Abbass, A., & Frederickson, J. (2014). New developments in technology-assisted supervision and training: A practical overview. *Journal of Clinical Psychology*, *70*(11): 1082–1093.

Yellowlees, P. M. (2005). Successfully developing a telemedicine system. Journal of Telemedicine and Telecare, 11, 331-335. doi:10.1258/135763305774472024

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