

Guidelines for Supervising Physiotherapy Students Engaged in Tele-Rehabilitation as part of Clinical Education

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Preamble

The use of Tele-Rehabilitation (TR) in physiotherapy in Canada has seen a sudden upsurge during the Spring of 2020 in response to the COVID-19 pandemic. This has also resulted in an increase in the number of clinical education experiences involving the use of TR. Most aspects of a clinical education experience remain the same regardless of whether the experience occurs in-person or using TR, however, some aspects might differ. These guidelines aim to highlight these differences and intend to provide the Clinical Instructor (CI) and student with guidance for clinical education experiences that involve patient care using TR.

During the COVID-19 pandemic, Physiotherapy Education Accreditation Council (PEAC) considers TR as direct patient care and can be included in the 1025 hours of clinical education experience required to for graduation (*p.3 PEAC COVID-19 Guidance to Programs, March 26, 2020*).

Definition of Tele-Rehabilitation in Physiotherapy

Tele-Rehabilitation (TR), also known as virtual care or digital practice, is the delivery of professional physiotherapy services remotely, using telecommunications technology as the service delivery medium. TR relates to all aspects of patient care including the patient interview, physical assessment and diagnosis, treatment, maintenance activities, consultation, education, and training. It can include the use of media such as videoconferencing, email, apps, web-based communication, and wearable technology. Physiotherapist assistants may or may not be present with the patient.

TR is an alternate mode of service delivery for traditional rehabilitation services and as such, the practice of TR does not remove or alter any existing responsibilities of the provider. Providers must adhere to all existing practice requirements, including the scope of practice of the profession, the standards of professional practice, the code of ethics, as well as any provincial and federal laws that guide practice. (<https://www.collegept.org/registrants/virtual-practice-in-physiotherapy>)

Technical and Administrative Considerations

Refer to your Provincial Regulators and Health Authorities for specific requirements on each of the items listed below. Refer to the [Resources for TR](#) for links to Provincial Regulators.

Tele-rehabilitation Platforms

Various platforms can be used to deliver TR. TR can occur via screen or phone. The Canadian Physiotherapy Association (CPA) has developed a list of [TR platforms](#) that are available.

In consideration of the varying models of clinical education in TR that can be implemented, each CI should ensure that the platform being used can support the selected supervision model. If using a model of supervision where the student will be working remotely, all student connections and networks must be secure and protected. CIs might need to consider if platforms require additional or adjunct licenses for use to allow students access. Privacy considerations must remain aligned with each Provincial Regulator and the [Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#) requirements.

Consent and Confidentiality

Patients must be made aware of the benefits, inherent risks, outcomes and limitations of providing care via TR. This should be clearly explained. Obtaining informed consent is mandatory and does not vary from the requirements of in-person care.

CIs and students using TR must ensure that they obtain informed consent for each of the following: 1) having a student present as part of service delivery, 2) assessment and treatment, 3) participating in TR services, and if applicable, 4) recording the TR session. Obtained consent details should be documented in the patient's chart for each session. The CPA has created a [sample consent form](#) for TR practice. CIs and students are expected to refer to their respective Provincial Regulators to ensure they are in accordance with expectations.

Verification of Identity

Many jurisdictions require that physiotherapists verify their identity to patients and that they also verify the identity of their patients. The student must also verify their identity. This should be documented in the patient chart.

Considerations for a Tele-Rehabilitation Clinical Placement

Various Models of Clinical Education in TR

TR in clinical education can be implemented using various models. The following are some examples:

- All participants connect remotely—the CI, patient, and student(s) are each in a separate physical location and connect remotely.
- The CI conducts a session in-person with the patient and the student(s) connects remotely.
- The CI and the student(s) are in the same physical location and the patient connects remotely.
- In a collaborative peer-coaching supervision model, the CI might conduct a session in-person with the patient and one student, while a second student connects remotely.

Specific Considerations when Preparing for a TR Clinical Placement

- Review the evaluation tool (for example, the ACP) to determine how the student will be assessed on each role and competency throughout the placement in a TR context.

- Determine how chart reviews and patient charting will be achieved given technical and privacy considerations.
- Discuss relevant “web-side” manners with the student. ([See sample web-side manner in virtual care](#))
- Determine the student’s knowledge of and experience with TR.
- Determine the supervision approach—the level of supervision required may be more initially as the student requires additional time to observe and understand the functioning and particularities of TR sessions.
- Define CI and student-specific roles prior to TR sessions.
- Encourage “active observation” when the student is observing a TR session. Be explicit to ensure the student remains engaged throughout the session. (See [Practical Tips](#) for Engaging a Student in Active Observation during a Physiotherapy Clinical Placement).

Preparing for a TR session is as important as the session itself. Students should be involved with the decision-making process in determining whether a patient is suitable for TR and should develop a good understanding of the benefits and limitations of TR. Students should assist the patient in preparing for TR with introductory communication that outlines what the patient should expect from, and how they can prepare for a TR session (e.g. what to wear, who should be with them, how to prepare the environment, etc.). Students should also prepare their questions and assessments as much as possible in advance so that instructions to patients are clear and concise.

Adverse Events Management

There are several risks associated with providing care virtually, which include technical issues that may result in disrupted or termination of services without warning and the potential for a medical emergency to occur during the time the provider is connected to the patient virtually. For these reasons, it is important to ensure that risk mitigation measures are put in place at the start of each session and prior to services commencing. This includes providing the patient with an alternate means of contacting the provider in the event of a technical issue and ensuring a detailed plan is in place with steps to be followed in the event of a medical emergency. (See sample [Critical Event Management Plan](#)).

Clinical Reasoning

Without the findings from the provider’s physical examination and palpation to guide the physiotherapist’s diagnosis, TR requires much more explicit questioning techniques and active listening to inform clinical reasoning. In order to facilitate this sophisticated reasoning in students, CIs are encouraged to ask the student to articulate their reasoning throughout the session or following each session and guide them through the process to enrich their learning and skill development.

Feedback

Determine how and when feedback will be provided to the student. Best practices for feedback include establishing an educational alliance at the start of the placement with clear goals, that together with focused objective feedback on behaviour and skills, can help focus a student’s learning and advance their knowledge and skills. Students should be consulted regarding their preference for receiving feedback, such as the time, place, delivery mode, and type. Special attention to language and non-verbal cues may be required if feedback is provided in the presence of a patient during a TR session.

Caseload

It is recognized that a TR caseload might vary or differ from an in-person caseload. When evaluating a TR placement and the associated clinical placement benchmarks related to caseload management, evaluations should continue to reflect a percentage of the instructor's caseload.

Evaluation of a TR Clinical Placement

All essential competencies required by physiotherapists in Canada can be evaluated in a TR clinical education setting. The student's performance in this type of clinical placement is assessed using the same evaluation tool as a standard in-person placement. Most Canadian PT programs use the Assessment of Clinical Performance (ACP). The following [ACP Accompaniment](#) for Tele-Rehabilitation Placements document has been developed to facilitate student evaluation in a TR clinical placement.

Appendices

- ACP Accompaniment for Tele-Rehabilitation Placements
- Resources for TR
- Critical Event Management Plan
- Practical Tips for Engaging a Student in “*Active Observation*” during a Physiotherapy Clinical Placement

Practical Tips for Engaging a Student in “Active Observation” during a Physiotherapy Clinical Placement

The following suggestions aim to engage the student while they observe their Clinical Instructor (CI) or colleague (another student in a peer-coaching collaborative experience) conduct a patient session. An agreed upon time to debrief on cases should be determined by the CI and the student in advance.

To enhance learning, the student should engage in “active observation”. They should be actively involved in every step of the patient session by using their observation, clinical analysis, clinical reasoning, and charting skills. The student can imagine that they are engaging with the patient themselves. The following are concrete examples of how a student can *actively observe* throughout the various stages of a patient session:

Throughout the session, the student:

- takes notes and charts the findings of the session as if it was their own patient. The student chart can be used as personal practice, submitted to the CI or peer for feedback, or used to include in the patient chart.
- identifies and reflects on the communication style and strategies used (verbal and non-verbal), the ability to establish rapport, aspects that are effective, that they would like to incorporate into their own future practice, or that they might prefer to do differently.
- takes note of any aspects of the session or questions they would like to discuss.

During the introduction and subjective assessment, the student:

- identifies and reflects on the types of questions that were utilized, for example, open-ended, close-ended, leading, probing, and clarifying, etc.
- identifies additional information that they would like to obtain and additional questions that they would ask.
- takes note of the flow and organization of the discussion and questions.
- indicates their clinical reasoning to date. For example, a differential diagnosis that they have formulated and the objective assessments that they would perform based on the information obtained from the subjective assessment.

During the objective assessment, the student:

- observes the assessment techniques, notes the findings of each assessment, and analyzes the findings to determine their clinical impression.
- identifies any assessment that they have learned differently, or additional tests that they would have included.
- takes note of the organization and sequencing of the assessments.
- indicates which interventions they would perform based on the additional information obtained from the objective assessment.
- develops a treatment plan.

During interventions, the student:

- observes the interventions performed and takes note of what is done effectively and strategies that are implemented
- takes note of the organization and sequencing of the various interventions.
- identifies any intervention that they have learned differently or additional interventions that they would include.
- considers alternatives or progressions for the interventions (if too painful, too easy, too difficult, not effective, etc.).

During the closing of the session, the student:

- reflects on how to summarize and effectively close the session.
- considers how they would verbalize next steps to the patient.
- considers how they would respond any questions that the patient has.

Additional guiding reflection questions for the student:

- Was time managed efficiently? What strategies were used?
- How was safety ensured throughout the session?
- How was patient comprehension verified?
- What were the overall strengths of this session?
- What were the top 2-3 learning points for you from this session?
- Is there anything that you would like to review or look up related to the case/session that you observed?
- Would be able to run a session like this independently? Would you need to review anything specific?