TeleSupervision in the Health Sciences

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Introductions

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McGill University is situated on the traditional territory of the Kanien'kehà:ka, a place which has long served as a site of meeting and exchange amongst nations. We recognize and respect the Kanien'kehà:ka as the traditional custodians of the lands and waters on which we meet today.

Over the last few years, the SCSD has had the great fortune of working closely with the Kanien'kehà:ka community through the collaborative development of clinical placements within the Kahnawà:ke Education Center (KEC). We highly appreciate and value the contribution of KEC, and many members of the Kanien'kehà:ka community, to the clinical education of McGill SLP students.

Acknowledgements

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Outline

- Definition & types of telesupervision

- What does the research say?

- Feedback from McGill supervisors & students

- Critical elements to consider

- How to "telesupervise"

  - *Planning*

  - *During*

  - *After*

- References & Resources

"Today's medical professionals must be masters of different skills that are related to using digital devices or online solutions" and mastering those skills "is now a crucial skill set that all medical professionals require."

- Medical Futurist Dr. Bertalan Meskó

Telesupervision

Telesupervision is a process whereby distant supervision is provided using electronic information and communication technologies.

(Chipchase *et al.* 2014)

Telesupervision Set-Ups

On Site		Supervisor + Client	Student + Client
Remote	Supervisor	Student	Supervisor
	Student		
	Client		

Hybrid model

Clinical applications for stages with a telepractice/telesupervision component

Physio, Audiology: - In person assessment – remote follow-up and supervision

Physio, S-LP: In-person or virtual training with supervisor - Intervention run by students (remote or in person) – (in) direct remote supervision

Dietetics: Student at hospital – supervisor remote

OT, S-LP: elementary classroom intervention via telepractice, students remote, supervisor remote or on site

S-LP: Simucase

Dietetics: remote cooking classes – public health prevention

Meetings between Supervisors and Stage Coordinators

All parties remote & connecting via telepractice (multiple disciplines)

What does the research say?

Telesupervision is as effective as in-person supervision for:

- Relationship between supervisor-supervisee
  - *Caveat: adding an in-person meeting helps*

- Quality of student learning

- Development of student competence

- Development of student clinician's confidence

- Student satisfaction with supervision/placement

Carlin (2013); Chapman (2011); Dudding (2004); Reese (2009); Salter (2020)
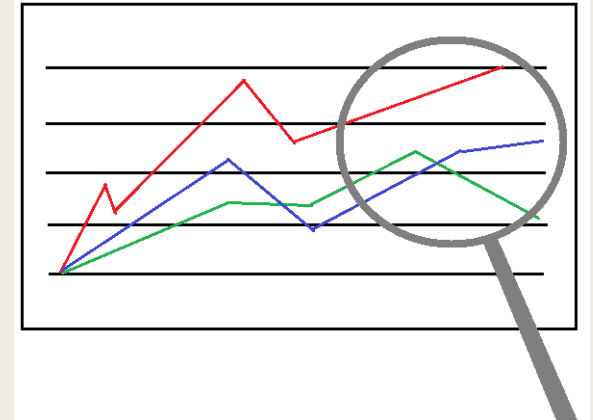
What does the research say?

Advantages

- Greater student autonomy

- Flexibility re: location of supervisor (can be off-site)

- Increase opportunities for placements in remote areas

- More time efficient (e.g., less travel)

- Supervision is more structured

Challenges

- Technology/connectivity issues

- Modeling and observing hands-on practices

- Limited opportunities for students to interact with other professionals

- More demanding on time (e.g., more time required to plan)

- Supervision is more structured

Carlin (2013); Chapman (2011); Dudding (2004); Reese (2009)

McGill SCSD
Summer 2020 – Supervisor Feedback

1. Please indicate your level of agreement with the following statements.

More Details

■ Strongly disagree   ■ Disagree   ■ Neutral   ■ Agree   ■ Strongly Agree

I was adequately prepared to supervise a telepractice placement.

My student was well-prepared to participate in a telepractice placement.
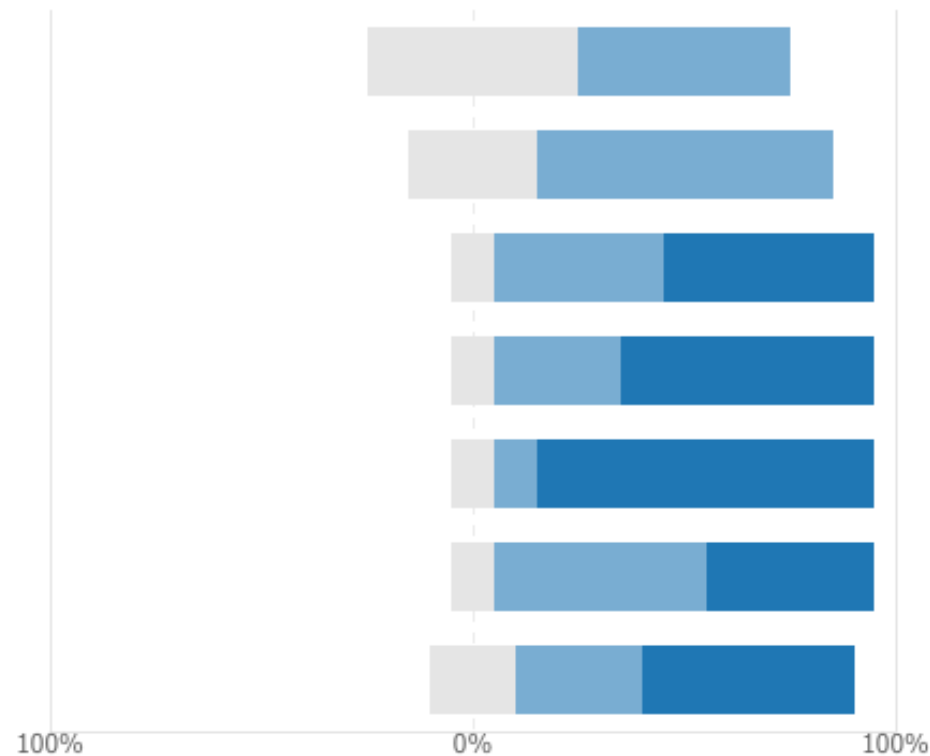
I gained satisfaction from supervising a telepractice placement.

I was able to provide quality supervision to my student via telepractice.

I developed a good working relationship with my student.

A telepractice placement enabled my student to develop her/his clinical competencies.

I would supervise another telepractice placement.

100%   0%   100%

McGill Student Feedback

"Feels like I got to practice my clinical skills just as much. Helped me develop my adaptability and creativity maybe even more than an in-person placement."

"No commute, got to serve clients who otherwise might not get services, more flexible (i.e. could attend from out of town)".

"Not as much collegiality. Feelings of isolation. Differentiating work from life can be a challenge. There is always the temptation to continue working."

"The learning and clinical experience was on the same level as face-to-face placements."

"I felt disappointed about the placement not being in person, but realized my observational skills and communication skills developed rapidly."

"It provided me with a new perspective on therapy."

Learning in your student's presence

- *Telepractice* and *telesupervision* are new to A LOT of clinicians.
- It's ok *(actually it's great)* to be learning something new in the presence of your students!
  - *models lifelong learning/professional development*
  - *your student can help you acquire new skills, knowledge, resources*
- Identify a colleague/mentor/Coordinator of Clinical Education you can turn to for help.

We're All in This Together!

Confidentiality

- Consider a Student Confidentiality Agreement
  - *Must have a secure & private space to work in*
  - *Must not save personal client information on own devices*

- Management of client files/client information
  - *Secure drive (e.g., D2, OneDrive for Business) for client files/charting*
  - *Alternatively:*
    - Send confidential documents over secure email platform with password protection.
    - Have students use pseudonyms or initials when documenting in a non-secure space (e.g., Google Drive).
 - ***Check with your own IT department***

Technology

- Students must have reliable internet connection and technology (computer, webcam, microphone).

- University programs may have supports in place for their students.

- Technological problems do occur so back-up plans are important.
  - *Telephone connection in case of audio problems*
  - *Back-up device in case of problems with computer/tablet*
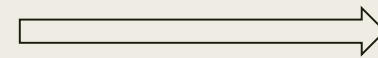 - *Data in case of problems with internet/wi-fi*

How to "tele-supervise"
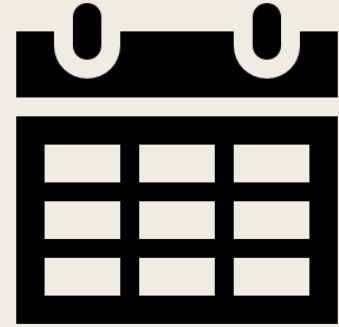
Planning (before)	Teaching/Supervising (during)	Evaluating/debriefing (after)
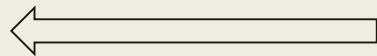
← *Factor in extra time* →

Planning

1. Orient learner

- If student will be engaging in telepractice, verify level of experience.

- Orient your student to:
  - *the telepractice platform used in your workplace*
  - *the features you typically use with your clientele*
  - *your workplace and colleagues*

Planning

1. Orient learner cont'd

- Consider providing a little more time for observation than you usually would

- Inform your student about how you adapted/changed your practice for the clients you see via telepractice
  - *Setup of your sessions (e.g., Length/organization of sessions)*
  - *Clinical activities (e.g., Test & material selection)*
  - *Interpersonal Skills (e.g., Frequency of check-ins with patient on understanding)*
  - *Selection of client (e.g., Less direct services for clients aged 0-3, but increased coaching services)*

Planning

2. Discuss access to assessment and treatment materials

- Physical and digital materials, particularly if student is off-site.
- Check if the student has access to digital materials through their university.
- Encourage students to find free online materials.
- Students are fantastic at creating novel digital materials!

3. Review documentation practices

Planning

4. Organize logistics

- Exchange phone numbers

- Book specific times for case discussions and feedback

- Think about breaks to go to the bathroom, screen breaks, sufficient time between session to get set up for new client, etc.

- *Telesupervision doesn't mean being online all day.*

Planning

5. Create a positive learning environment

- Clarify expectations
  - *Discuss student's experience with telepractice.*
  - *Discuss goals of the placement & consider adding some relating specifically to telepractice.*
  - *Consider possible impact of telepractice on clinical skills.*
  - *Regularly check in/review expectations.*

- Build rapport (must be done more intentionally)
  - *"Virtual coffee breaks" to get to know each other.*
  - *Introduce students to your team if possible.*
  - *If possible, arrange an in-person meeting.*

During: managing the session

1. Connect with your student(s)

- Review the session plan and specify the expectations.

- Verify technology and discuss troubleshooting plan.

- Discuss method of online feedback with student.
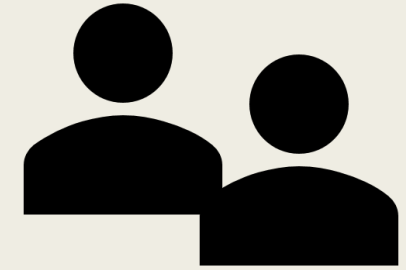
During: managing the session

2. Connect with the client

- Introduce yourself and your students (if first session).

- If you are observing and not actively participating, consider how you can limit distractions (e.g., turn off your camera and microphone.

- Consider ways to privately conference with you student (e.g., client in waiting room, private chat).

During: managing the session

3. Your level of participation will vary.

- As always, you may lead, co-lead, simply observe or supervise indirectly (not present).

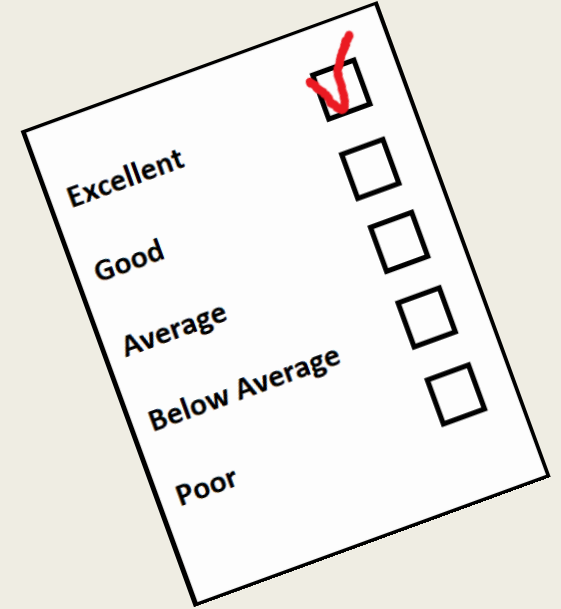4. Some clinical teaching strategies that transfer well to telesupervision:

- Priming
- Reflective Modeling
- Teaching in the Patient's Presence

Heidenreich et al., 2000

After: feedback

- Very similar to in-person placements!

- Schedule time specifically for feedback & case discussion.
  - *Involve your student in this planning*

- Discuss how students will spend their unsupervised time (e.g. prep, documentation etc.).

- Let students know when you are available between sessions and how they can contact you.

After: formal evaluation

- *Many* clinical skills transfer to telepractice.

- *Most* clinical skills are easy to evaluate via telesupervision.

- Keep student's level of clinical & technological competence in mind
  - If new to telepractice, management of the technology can impact clinical performance/development of clinical competencies.

- Consider explicitly evaluating telepractice specific skills.

Questions?

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