

Allied Health student supervision for telehealth placements

23rd June 2020

Robyn Gill: Senior Clinical Educator Physiotherapy,
Rural Support Service, Regional LHN, SA Health

*acknowledgements;

Statewide Telerehabilitation team (SA Health) (Chris Leung and Kate Osborne)

Physiotherapy team at Mt Gambier, Limestone Coast LHN

Flinders University, Physiotherapy Clinical Education team

Flinders University, Master of Physiotherapy students – video clips



Government
of South Australia

SA Health



Acknowledgement

We would like to acknowledge this land that we meet on today is the traditional Lands for many different first nations people.

We also acknowledge the first nations people as the custodians of all our lands and that their cultural and heritage beliefs are still as important to the living Aboriginal people today.

We also pay respect to the cultural authority of Aboriginal people in attendance today from other areas. We also acknowledge their leaders past, present and emerging.



Background

- Many of you will have used telehealth (TH) in your clinical work (even before COVID-19) and others might be just 'learning the ropes' yourself
- Hopefully you have had access to appropriate training in the use of TH for service delivery
- Students will (hopefully) have been provided with basic TH training prior to their placement
- There are a number of options for online training in TH for both clinicians and students
- There are a number of TH platforms being used by AHPs working in public & private ie Physitrack, CoviU, Digital Tele Network (DTN), Healthdirect, other webconferencing platforms ie Skype, Zoom



Background

- Range of types of student placements;
 - Fully or partially TH based
 - TH might be video link or via phone
 - Student onsite or offsite using TH modality
 - Differing requirements for reaching competencies/ assessment of competencies during placement
- COVID-19 has required us all to be agile and flexible in service delivery and also to enable student placements to proceed
- We all acknowledge that during this time, placement experiences may differ from traditional placements but they can still be valuable learning experiences for students
- A TH based placement is one method to enable placements to continue during COVID
- Many of the aspects of supervision for a TH based placement, are no different to supervision of a traditional, pre-COVID, face to face placement => adult learning principles still apply, including the importance of developing an effective working relationship between student & supervising clinician



Aims & Outline

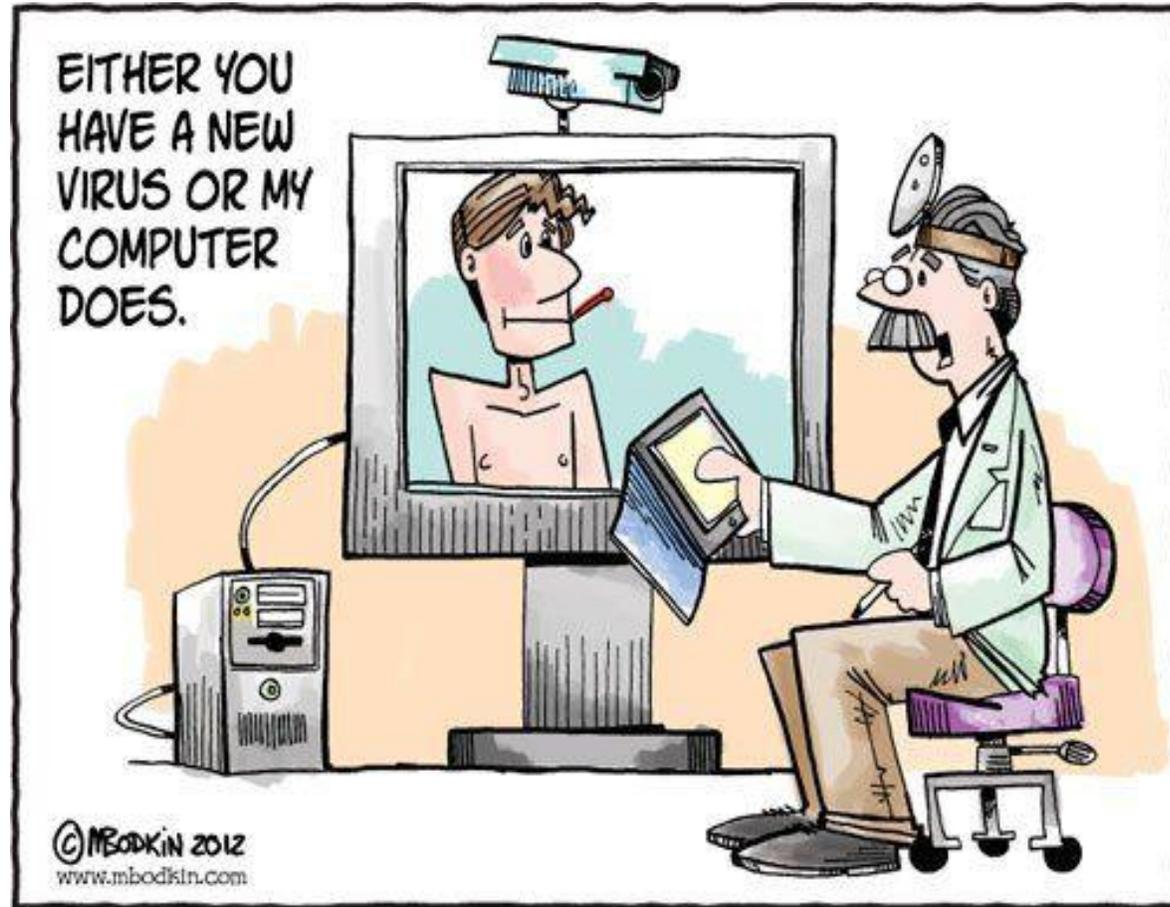
This session aims to explore some of the differences in supervision between a TH based placement and a face to face 'traditional' placement

Consider how to provide quality supervision for students who are using TH as a mode of service delivery

For TH based student placements, tips & strategies for supporting student learning;

- planning safe & effective TH sessions
- supporting students appropriate communication for use during TH consults
- using Simulation in TH
- facilitating appropriate progression of learning
- fostering Clinical Reasoning/ clinical decision making
- providing feedback
- assessment

Challenges in supervising students using TH?



Benefits in supervising students using TH

- Student is engaged in effective learning where they can develop their skills, knowledge, clinical decision making & management – especially supports learning of educating client, advice, exercises
- No physical contact
- Seeing client in home environment
- Student can better learn how to empower client
- Convenient, reduces travel time
- Student can;
 - assist with getting TH consults up & running
 - assist with developing resources
 - consult some lower priority clients
 - work on a TH project ie develop TH groups or education sessions
 - TH based clinical research





Training in telehealth

SARRAH Telehealth Community of Practice page: website sarrah.org.au

Dept of Rural Health (Three Rivers) free online TH training

<https://www.openlearning.com/csu/courses/three-rivers-udrh-telehealth/>

Digital Health Cooperative Research Centre (DHCRC)

National TH Toolkit

<https://digitalhealthcrc.com/telehealth/>

Online training webinars through DHCRC

<https://digitalhealthcrc.com/telehealth/webinars/>

Queensland Health

<https://www.health.qld.gov.au/cunninghamcentre/activities/telehealth>

Online exercise package – also has TH training component

<https://www.physitrack.com/telehealth>



Considerations for student Telehealth sessions:

Before

- Consider if it is appropriate and possible for student to be off-site and join TH consults
- Choose types of clients that are suitable for TH consult with a student;
 - Due to COVID-19, clients who aren't being seen or no longer able to attend group exercise classes & might risk deteriorating
 - Aiming for hospital avoidance
 - Might be lower priority clients on waiting list
 - Which presentations can be effectively & safely managed via TH
- Initially aim for non-complex presentations which can progress to more complexity
- Might be able to see a client face to face initially ie in hospital/ community health, and discuss option of follow up consults through TH
- Clients need to provide consent for a student to be involved in their TH consult – as per any student consult
 - All students are bound by professional codes which includes strict confidentiality
 - With some TH platforms, there are issues with greater data usage if more people linking in and client needs to be aware of this



Considerations for student Telehealth sessions:

Before

- Useful for student to be provided with a pre-TH checklist
- Advise procedures for student (& client) to link into TH session
- Pre-TH checklist for students should include;
 - tested their own system ie audio/ sound, mike, video, head set, muting option, stopping own camera view option, how to share screen, self view, different camera views for demo of positions or exercises etc
 - ensure appropriate environment ie lighting, floor clear of clutter, appropriate background
 - ensure the space is private for confidentiality, no-one can overhear and session won't be interrupted
 - have any resources/ documents/ exercise sheets on their device and ready to share as required
 - have any space and equipment ready they might need to use for demonstration
 - practice any demonstration that might be likely



Considerations for student Telehealth sessions:

At the start

- Acknowledging to the client that student is an active participant and encouraging student to contribute
- Advise client that student and AHP may need to 'leave' the consult for a while to discuss & plan
- All to identify/ indicate who else is in the room ie does client have a carer/ family member present? is student or supervising AHP in a shared office?
- For some AHP consults important to check if the client is in a safe environment



Considerations for student Telehealth sessions:

At the start

- provide explanation of session content
- confirm 3 identifiers with client ie name, DOB, address
- ensure appropriate client environment ie light, volume level, carer to assist with mobility & different camera views, safe environment

*where possible, client should have been given the chance to test their TH system & advised to be appropriately dressed prior to initial consult

*info is from SA Health Statewide Telerehab resource



Considerations for student Telehealth sessions:

At end of session

- summarise clinical content and plan to address client goals
- summarise any 'homework' ie exercises; keeping a diary; adjusting activity etc
- encourage any questions or clarification from client
- decide/ book future TH sessions
- check quality of TH consult with client
- complete usual documentation
- ensure session is recorded on usual work activity system

*info is from SA Health Statewide Telerehab resource



Communication for TH

- Does student understand **best practice** communication for TH?
 - Speaking even more slowly and more clearly
 - Being even more concise and careful with volume of information
 - Clarity of instructions
 - Use appropriate lay language
 - Allow pauses & check in with client regularly
 - Eye contact
 - If student looks down to write in notes/ look at a resource, let client know what they are doing
 - Option of using an interpreter
- Student could write down & practice their communication (ie questions, instructions, education etc) in front of a mirror and/ or with supervisor



Video clips

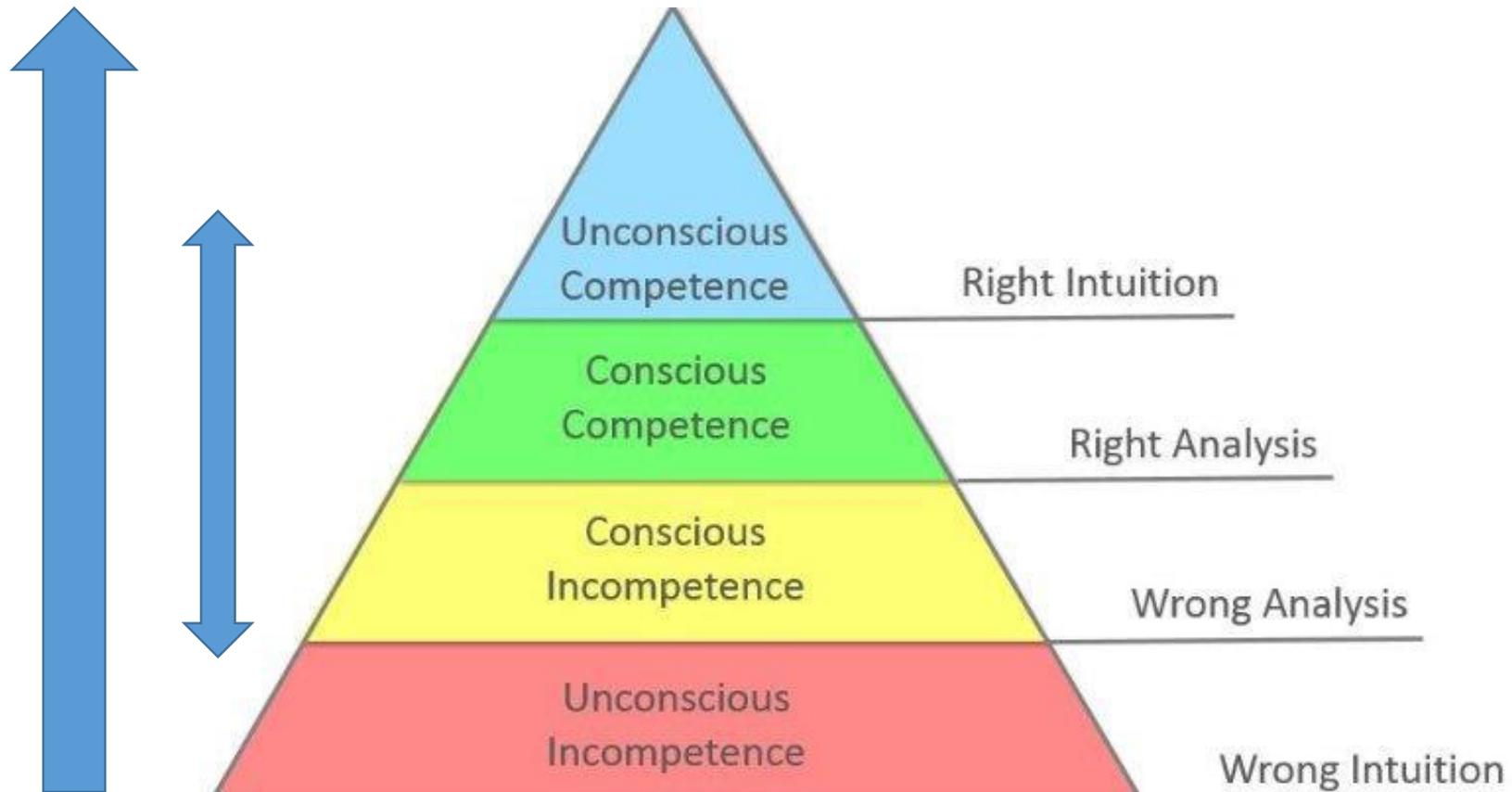
- simulated TH consults to highlight communication issues

[Communication 1](#)

[Communication 2](#)

- using Simulation to support student's confidence and competence in using TH

Competence levels of a learner: Learning curve





How to support students progression of learning

Student is learning skills of remote (TH) service delivery and the 'learning curve' needs to take this into account and support the learning of these skills as well as learning 'clinical competencies'



How to support students progression of learning

- Discuss with your student how the progression of placement learning opportunities will be supported through the TH sessions ie
 - start with **observation** - linking into supervisors TH consult (with clients permission)
 - student **prepare** for further specific client TH consults
 - student to do **part** of consult
 - progress to student doing **more** of the consult
 - then student to **gradually take over leading** full TH consult and supervisor can **'withdraw'**



Close versus distant supervision

Question: How do you know when it is appropriate to 'step away' from a TH consult to allow student to become more independent?

Answer: When you have observed their skills in assessment and management using TH and you know;

- where they are on the learning curve
- they are safe (and becoming effective!)
- are willing to ask for assistance if required
- know how to contact you

=> the next step requires a gradual 'handing over' of aspects of the TH consult to the student



Safety & risk assessment

- Students need to be able to **identify** any safety risks and plan to manage any risks to ensure safety
- **Prepare** for any risks prior to TH session
- Encourage student to write out a **planning checklist** for likely risks and how to address these, including;
 - Environmental risk assessment
 - Client risk assessment ie cognitive impairment; cultural considerations; impulsivity; any red or yellow flags; differential diagnoses; pain; balance or mobility impairment
 - Any other safety concerns

Planning checklist



- As learners it is very common to default to what comes easiest and what we are most familiar with. For some AHP students, this is often 'hands on' or for some it might be just continuing to talk.
- By having a **planning checklist** prepared with likely questions, instructions, education, equipment/ resources required, student can go into the TH consult with confidence and best prepared to be patient centred.
- Student to be given time on placement to prepare a **planning checklist** for the expected client consult. Or they could even prepare checklists in advance of starting placement for the most likely client presentations they will be seeing.



Students planning checklist

- Questions to ask in interview;
 - screening questions required to check for any risks/ red or yellow flags. Especially crucial when clients answers might be ambiguous
 - critical questions to support differential diagnosis and clinical reasoning/ decision making
 - questions to determine client's goals
- Physical examination – encourage student to practice any demonstration that might be required. Consider what physical assessment can be done effectively through TH
- how to adjust instructions for possible scenarios
- education and exercise that might be likely
- equipment and resources that might need to be prepared/ at hand
- theory/ revision required prior to the TH consult to assist reasoning & planning

Feedback

– usual principles apply



- **Invite student self-evaluation**
 - Encourage student to summarise & record key feedback points
 - Limit feedback to **behaviours/ performances** that are observable and changeable
 - Appropriate amount, time & place for feedback ie praise in public/ correct in private
 - Emphasise **strategies and actions** based on the feedback
 - Regular **informal** 'on the spot' feedback plus a **scheduled time for reviewing progress and goals ie weekly**
 - Don't forget to praise student for 'successes' or when they have shown response to feedback – this provides space for constructive feedback
-
- A yellow star-shaped sticker with a smiling face and the text "Great job!" written inside it.
- Invite **student feedback** about the feedback they are receiving ie enough, too little, targeted to their needs?



Feedback considerations for TH

- Written chat function is a useful means of providing students with tips & feedback
- Managing TH sessions as 'multi-part' to allow;
 - offline discussion of client assessment findings
 - work through reasoning/ decisions
 - invite self reflection
 - provide feedback
 - and then step back into next part of TH consult
 - or plan to continue TH consult on another day, to allow time for further feedback, discussion and student planning beforehand



Support of development of students Clinical Reasoning - usual principles apply

- **Access** students' reasoning & facilitate critical **self-reflection** through focused questioning & discussion
- Make **your own** thinking/ clinical reasoning transparent
- Ask not only **what** student thinks but also **why**
- Ask not just for **supporting** information but also **non-supporting**
- **Linking** theory to practice (e.g. clinical pattern diaries)
- Facilitate assessment skills, awareness of assumptions and screening to avoid assumptions
- Self-reflection worksheets (Clinical Reasoning forms)
- Students to prepare case study presentations



Clinical reasoning/ decision making considerations for TH

- Clinical reasoning/ problem solving can be applied to all aspects of a TH consult including;
 - how to conduct an appropriate & effective assessment using TH
 - planning a safe 'remote' consult
 - providing appropriate & effective management/ treatment using TH
- Will need to plan to provide '**moments**' to support this;
 - have an 'offline' discussion with student being mindful not to take too long for the clients sake
 - suggest client go make a cuppa and return in 5-10 mins
 - if student is not at the same site, plan to have a phone chat



Assessment

- usual principles apply

- Assessment requires informed, considered judgement
- Collect evidence
 - Useful to keep a notebook
 - Document progress
- Compare to the assessment standards and criteria
- Useful to seek support from others who have supervised the student and from your Uni placement education support



Placement assessment considerations for TH

- Discussion required with Uni's to work out if competencies or assessment criteria need to be modified/ different to traditional placements
- In this current COVID time, placements may have modified competencies expected
- However, placement may start as per usual competency & assessment requirements but changes made during the placement depending on learning opportunities available
- Remember that a TH based placement can still provide appropriate opportunities for gaining clinical competencies and managing effective student assessment



Evidence Informed Practice

- Strong evidence to support effectiveness of TH based modality
- Student to consider best available evidence (research and clinical) to support management decisions using TH consults as per usual practice

Evidence supporting TH

Systematic review of patient and caregivers' satisfaction with telehealth videoconferencing as a mode of service delivery in managing patients' health

Joseph F. Orlando , Matthew Beard , Saravana Kumar 

Published: August 30, 2019 • <https://doi.org/10.1371/journal.pone.0221848>

Article	Authors	Metrics	Comments	Media Coverage
---------	---------	---------	----------	----------------

- Abstract
- Introduction
- Materials and methods
- Results
- Discussion
- Supporting information
- References

- Reader Comments (0)
- Media Coverage (0)
- Figures

Abstract

Telehealth is an alternative method of delivering health care to people required to travel long distances for routine health care. The aim of this systematic review was to examine whether patients and their caregivers living in rural and remote areas are satisfied with telehealth videoconferencing as a mode of service delivery in managing their health. A protocol was registered with PROSPERO international prospective register of systematic reviews (#CRD42017083597) and conducted in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. A systematic search of Ovid Medline, Embase, CINAHL, ProQuest Health Research Premium Collection, Joanna Briggs Institute and the Cochrane Library was conducted. Studies of people living in rural and remote areas who attended outpatient appointments for a health condition via videoconference were included if the studies measured patient and/or caregivers' satisfaction with telehealth. Data on satisfaction was extracted and descriptively synthesised. Methodological quality of the included studies was assessed using a modified version of the McMaster Critical Review Forms for Quantitative or Qualitative Studies. Thirty-six studies of varying study design and quality met the inclusion criteria. The outcomes of satisfaction with telehealth were categorised into system experience, information sharing, consumer focus and overall satisfaction. There were high levels of satisfaction across all these dimensions. Despite these positive findings, the current evidence base lacks clarity in terms of how satisfaction is defined and measured. People living in rural and remote areas are generally satisfied with telehealth as a mode of service delivery as it may improve access to health care and avoid the inconvenience of travel.

J Rehabil Med, 2018 Feb 28;50(3):225-235. doi: 10.2340/16501977-2297.

Effects of telehealth by allied health professionals and nurses in rural and remote areas: A systematic review and meta-analysis.

Speyer R¹, Denman D, Wilkes-Gillan S, Chen YW, Bogaardt H, Kim JH, Heckathorn DE, Cordier R.

Author information

Abstract

OBJECTIVE: To describe telehealth interventions delivered by allied health professionals and nurses in rural and remote areas, and to compare the effects of telehealth interventions with standard face-to-face interventions.

DATA SOURCES: CINAHL, Embase, PsycINFO and PubMed databases were searched. The content of relevant journals and published articles were also searched.

STUDY SELECTION: Studies examining the effectiveness of allied health and nursing telehealth interventions for rural and remote populations were included in descriptive analyses. Studies comparing telehealth intervention with standard face-to-face interventions grouped by type of intervention approach were used to examine between-groups effect sizes.

DATA EXTRACTION: Methodological quality of studies was rated using the QualSyst critical appraisal tool and the National Health and Medical Research Council (NHMRC) Evidence Hierarchy levels.

DATA SYNTHESIS: After quality ratings, 43 studies were included. A majority of studies had strong methodological quality. The disciplines of psychology and nursing were represented most frequently, as were studies using a cognitive intervention approach. Meta-analysis results slightly favoured telehealth interventions compared with face-to-face interventions, but did not show significant differences. Interventions using a combined physical and cognitive approach appeared to be more effective.

CONCLUSION: Telehealth services may be as effective as face-to-face interventions, which is encouraging given the potential benefits of telehealth in rural and remote areas with regards to healthcare access and time and cost savings.

PMID: 29257195 DOI: [10.2340/16501977-2297](https://doi.org/10.2340/16501977-2297)



Additional placement learning experiences

- as per usual placement, additional 'cold learning activities' are important to enhance learning

- doesn't need to be wall to wall clients booked in

- EBP activities
- Updating exercise sheets/ education handouts etc
- Develop planning checklists for future TH sessions
- Do Clinical Reasoning Forms
- Prepare a short PD session for supervisor/ rest of team
- Join in other AHP TH sessions
- No doubt you'll think of others!



Student perspective: Elyse's story

- Placement commenced as face to face/ traditional placement but required a quick change to TH due to COVID-19
- Supervising Physio was new to TH but was prepared to learn with Elyse and problem solve, develop TH resources & pre-screening tools for the clients together
- Held individual TH sessions and group exercise/ falls prevention classes through TH
- Progression of placement – Physio ran sessions with Elyse observing; then they shared leading; then Elyse lead the sessions (with supervisor observing)
- After each session supervisor encouraged self-reflection, provided feedback and they discussed further planning

Elyse found the placement to be “a **great learning opportunity** and has felt **valued** in her placement as she has been ‘put to work’ and developed some excellent resources that will have ongoing use for the health service” “wonderful supervisor who was prepared to learn with her”

Elyse's key learnings on use of TH: “crucial to have appropriate communication, including clear instructions & explanations plus careful monitoring/ correcting; demonstration so valuable”

Thank you!!



- Thank you for your support of student clinical placements especially in these challenging times!
- Thank you for being flexible & agile and considering TH based placement opportunities for your students
- Further questions- please unmute to ask or write into **chat platform**
- Contact your Uni contacts if you would like to discuss opportunities for TH based placements or have questions about competencies & assessment of TH placements

Robyn.gill@sa.gov.au & robyn.gill@flinders.edu.au



**Government
of South Australia**

SA Health

Rural Support Service