

RCSLT Webinar COVID-19: Telehealth Q&A document

RCSLT Webinar COVID-19: Telehealth

Digitally transforming therapy - the what, why & how of telehealth in speech and language therapy

Friday 12th June at 1pm

This free webinar was chaired by Judith Broll, Director of Professional Development, RCSLT and featured presentations by;

- Rachel Radford, Clinical Specialist Speech and Language Therapist
- Rebekah Davies, Digital Health Clinical Practitioner, SLT - Dysphagia/Voice/Head & Neck Cancer
- Ellie Jones, SLT in Stroke Therapy Team

Support during the Q&A session by;

- Shermeena Rabbi, Consultant SLT
- Meera Mehta, Highly Specialist SLT

Any resources mentioned throughout this document are provided for informational purposes only. No endorsement is expressed or implied.

1. Does our RCSLT indemnity insurance cover remote dysphagia assessments?
Please see the [section on insurance](#) in RCSLT telehealth guidance.

2. What's your experience of remote group therapy?

Answered live: Trying to collate information to see who is running groups so we can get some guidance out around this. There is growing evidence around this area. No personal experience yet but we have trialled paired therapy. Needed to consider changes to consent form, confidentiality, risk assessment and safeguarding.

Rachel	We are trialling remote group therapy for our LSVT patients using microsoft Teams after success from our pulmonary rehab colleagues. As long as there is etiquette followed and people mute themselves appropriately and input their name at the beginning as they join the meeting, it works well. We use a PowerPoint presentation shared to the whole group via screen sharing so that they can see the group structure and activities then back to full screen for interaction so everyone can see each other again.
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Shermeena	Answered above. While we are also collating information from various therapists who are carrying out remote group therapy to put together best practice for the telehealth guidelines
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3. I've had nursing home staff express concern that remote dysphagia assessments cannot be comprehensive because ' i can't feel the client's throat' - referring to laryngeal palpation. How would you respond to this and reassure nursing home staff?

Rachel	You could do some remote training with them if the issue is physically finding the larynx and feeling for the swallow. We can get a lot of information from the assessment without palpation. They could also place a piece of white tape on the larynx so that you can see the movement. There will be upcoming guidance on training resources in the dysphagia risk assessment section of the RCSLT website.
Shermeena	For homes with high swallowing needs remote theoretical training can be offered. Encourage staff to use a pulse oximeter as an extra tool for information. Laryngeal palpation is part of the clinical swallow evaluation, however it is important to visualise it too. You could ask the staff member to feel and comment and then to remove their hand and for you to then visualise the laryngeal movement closely.

4. What definition of telehealth are you using for these reviews? Does the evidence presented refer to the use of therapy apps or video-consults for more traditional therapy?

Answered live: Telehealth in this context applies to synchronous therapy/assessment rather than apps

5. Are there any technologies that allow a patient to type live so that you can see errors as they occur (acquired dysgraphia)

Rachel	They could screen share with you as they type so you can observe, or some platforms allow you to give them remote control. You could then screen share with them and they could type within a document open on your desktop.
Meera	Zoom - in which you can screen share and allow patients access to the same document as the SALT
Shermeena	Zoom, Microsoft Teams and Google Meets have chat allowing the client to type answers on there

6. There has been some suggestion via twitter that therapists are straining their voices using telehealth. When considering telehealth for voice patients, how are the

risks of voice strain being mitigated? Has anyone had any experiences good or bad of voice strain for patients or therapists when using telehealth?

Answered live: Newcastle ENT and SLT teams have put together a lovely leaflet about looking after your voices with telehealth.

Rachel



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Ear, Nose & Throat (ENT)

Voice Care for Telehealth

Talking over the phone or during video-consultations might result in your voice box becoming tired more quickly, you may notice your voice becomes hoarse and the throat starts to ache or the muscles get tight. If you are talking for long periods without drinking you might notice an increased sensation of dryness or irritation in your throat.

The following tips can help your throat and voice:

Keep your voice box healthy

Drink plenty of water: two litres non-caffeinated fluid daily is recommended.

Avoid throat irritants: avoid smoking; avoid dry, dusty environments, ensure any reflux is managed effectively; if you use an inhaler, use a spacer and then rinse and gargle after use.

Before the call

Warm up your vocal cords: produce a 'zzzz' sound, or blow bubbles into water and say 'oo' using a comfortable pitch, then glide up and down in pitch.

Have a glass or bottle of water near you: sipping water during the call can help to reduce dryness or mucus.


Ask patients, or colleagues to find a quiet space, with good signal so they can hear you well: this can minimise the risk of you straining your voice to be heard.

Find some headphones with speakers, or a headset: this will reduce the risk of you needing to use an uncomfortable head or sitting posture. Try to sit upright with your head straight.

Set up in a quiet space: avoid straining your voice over background noise.



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	<p>Set your monitor at a comfortable height: avoid twisting your neck, or hunching over as this might affect your breathing and voice box function.</p> <p>Prepare images or videos to share or review during the consultation: this can reduce the amount of talking you need to do on the call e.g. when explaining anatomy or physiology. These could be done through 'screen share' if using video meetings, or by posting information prior to the call.</p> <p>During the call</p> <p>Take a breath before speaking: our breath enables the vocal cords to vibrate. When the other person is talking, use this as a time to breathe.</p> <p>Use Diaphragmatic breathing if possible: this reduces extra tension in the upper body and helps you to take a better breath.</p> <p>Take top up breaths: rather than running out of breath using long sentences; use shorter sentences and take little breaths between them.</p> <p>After the call</p> <p>Enable time for your voice to recover: try to rest voice for as long as possible (e.g. whilst doing admin).</p> <p>Inhale Steam: this can help to rehydrate your vocal cords (e.g. from a hot drink).</p> <p>Release tension in your throat muscles: Yawning can stretch your throat muscles if they feel tight.</p> <p>For more information and further advice:</p> <p>Visit the ENT speech and language therapy website at www.newcastle-hospitals.org.uk/services/ent_services_speech-and-language-therapy.aspx</p> <p>https://www.britishvoiceassociation.org.uk/ has free literature with advice on voice care.</p> <p>If your voice problem persists, contact your local Speech and Language Therapy Team</p> <p>Information produced by Speech and Language Therapist</p> <p>Date: 01/05/2020 Review date: 01/05/2022</p> 
Shermeena	<p>Answer above. https://coronavirus.newcastle-hospitals.nhs.uk/content/uploads/2020/06/Newcastle-Hospitals-Voice-Care-Telehealth.pdf</p>

7. Has anyone had success with reading assessment/semantics assessment via telehealth? We've struggled with how to do this over video when under massive time pressure and heavy demand on service.

Rachel	A shared powerpoint presentation is a good way to show joint stimuli for the patient to respond to in adult services for informal assessment.
Shermeena	<p>I have been able to use the comprehensive aphasia test to do some basic assessment of reading single words-picture matching, asking them to point to top or bottom left or right of the screen to select an image, then the partner, or they themselves were able to indicate which picture they pointed to, or I used some clarification pointing e.g. did you mean this one? And reading aloud. Sometimes we also appoint the images 'a letter' so that the person could select the letter (A,B,C,D) and screen share.</p> <p>I have done a similar thing with the semantic tasks, asking people to point.</p>

8. What level of support is being offered to NQPs starting at this time?

Rachel	I'm not aware of anything specific but it would be good to share information as we get new starters into our departments. We are using microsoft teams for clinical supervision video sessions and electronic patient records mean we can screen share and access records to support new therapists. Making sure they are established on the telehealth platform is important.
Meera	<p>I am currently supervising an NQP who works in mainstream and special schools. The supervision has continued on our online platform (Google meets) on a weekly basis. We also have a google chat platform on our system and the NQP and supervisee are able to communicate, where required, during the day (to ask quick questions).</p> <p>The NQP has been carrying out therapy sessions and phone reviews online since March 2020. We have access to weekly meetings for mainstream therapists and special school therapists where the team discusses speech and language therapy sessions and shares resources. I have also attended and observed online sessions with my supervisee with consent from parents and provided support where required e.g speech sessions, attention autism sessions and remote PECS sessions. My supervisee has also had the opportunity to observe myself and other experienced therapists on the team to get a better idea on how to run sessions remotely.</p> <p>The NQP therapist was also allocated time to attend webinars on teletherapy as soon as we knew we were going to run these. There are several American platforms running telehealth webinars on how teletherapy works. Facebook has a lot of telehealth groups which talk about starting teletherapy.</p> <p>As a team, we have weekly coffee meetings (informal) where we are able to brainstorm and catch up as a team. This is also a platform for therapists to ask questions where stuck.</p>

9. I have found that many more people than expected do not have access to technology and skills to be able to access Video Consultations. The SLT service is

then limited to telephone calls. Is there any guidance on providing input for Patients in particular those with dysphasia and dysphagia, when limited to phone call only.

My second question is on how we can provide input for those people post stroke, with hearing and auditory comprehension difficulties. My experience has been that video consultations have not been successful and actually hindered the interaction

Rachel	<p>For dysphagia, if we can't assess them remotely, particularly if they are in their own home, then we do phone appointments first then outpatient or home visit with appropriate PPE.</p> <p>Post-stroke you need a secure platform and the right device. It may be beneficial to loan ipads in this situation, make sure there is a helper available at the patient's end and use screen sharing functions to show symbol support over video. The helper will need to be clear on what support they need to give at the patient end.</p> <p>From our Stroke team, ideas for people struggling to use the technology:</p> <ul style="list-style-type: none"> • Train patients in hospital to use the technology before discharge, e.g. practice having a session over video call with an assistant assisting/training the patient to use the technology • Send written guidelines with pictures on how to use the technology • Ask if a family member could assist with the technology • Ideas for people that do not have access to the technology • Does a family member have the technology and could they join the patient for the session – I have found that most family members are more than willing to help • Ask local GP surgeries/hospitals/community services etc if there is funding for devices/if there are schemes to loan devices to patients <p>I have found that carrying out auditory comprehension therapy has been possible and successful from 2KWL, e.g. asking them to point to two items (body parts, objects the caregiver puts in front of them, objects in the room), asking 2KWL yes/no questions:</p> <ul style="list-style-type: none"> • Auditory comprehension therapy at 1KWL is more challenging, the patient may not be suitable for telehealth, but you could try pointing to body parts/objects (SLT and patient have the same objects) • A person needs to be able to hear the video call to participate, if they cannot hear the call, unfortunately telehealth is not a suitable option and they need to wait for face to face input
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10. Has anyone found that there is a training need for caregivers who are supporting patients in telehealth sessions? If so, how is this being facilitated?

Rachel	<p>Yes. For dysphagia we have developed leaflets and information that was shared on the webinar and we do a phone call to check that they understand their role and what we are looking out for during the assessment. Currently it is a phone call followed up with information leaflet, thickener, instructions and emergency procedures.</p> <p>There are some resources on the guidance for supporting families.</p>
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	https://www.rcslt.org/members/delivering-quality-services/telehealth/telehealth-guidance#section-13
Shermeena	Parents are provided with step-by-step written (visual) guides on how to use the video conferencing tool. In the first phone call when arranging the appointment we go through the steps and answer any questions. We also send an advice sheet on considerations in telehealth (in telehealth guidelines). For the first couple of sessions allocate extra time for potential tech issues.

11. What is best practice regarding consent for telehealth?

Rachel	<p>The NHS digital first approach has meant that consent is counted as the client accepting the call. We consent for therapy as we usually would, just the means by which we deliver it has changed: https://www.nhs.uk/covid-19-response/data-and-information-governance/information-governance/covid-19-information-governance-advice-health-and-care-professionals/</p> <p>The main issues for consent are consent to using the device/wifi/data and that they have a confidential space. We would still carry out a telehealth session in the best interests of the client if they could not consent themselves.</p>
Meera	<p>Our SALT service is usually purchased by the school. We took the following steps to gain consent for teletherapy:</p> <ol style="list-style-type: none"> 1. Inform the school of the change of service and the move to teletherapy 2. Call the students' parents, on school caseload, and ask if they would like to access teletherapy and whether they were happy for the SLT to have their details saved on a secure platform 3. Make note of all parents who accepted teletherapy for their children (record in notes)
Shermeena	<p>For outpatient clients we have provided a written consent form following verbal consent over the phone. We use docuSign https://www.docuSign.co.uk</p> <p>If recording sessions, written consent is important.</p>

12. Will telehealth be introduced into the NQP competency framework? Will telehealth placements become more common?

Rachel	I think they will become a lot more common. RCSLT guidance is in progress for student placements via telehealth. There is the need for training for conducting sessions via telehealth although we are mainly applying our clinical judgement to a different medium. It will take some training in adapting therapy resources and assessments for telehealth.
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13. Is there convincing evidence that using telehealth saves time and money? I'll take a look at your Towet 2012 evidence, is there anything else?

Answered live: Part of the problem is the lack of UK based studies - they are often done in the context of private medical healthcare. The first study said that there is not enough data on cost. Travel/parking expenses for service users seem to be the greatest cost saving. We need more UK data on this

14. Is it worth putting in guidelines for using family members as interpreters as there is no choice in the pandemic?

Rachel	We have been using family members as interpreters as well as telephone interpreters and interpreters at the hospital site during video consultations as another option.
Meera	For school students, we have had occasions where the parents of the child are not very fluent with English and therefore, we have: <ol style="list-style-type: none"> 1. Made a list of languages the whole team speaks and asked where possible for another therapist to support a student who speaks another language or, support parents where needed. 2. The older sibling of the child often acts as a translator between the parents and SLT
Shermeena	This has been highlighted by several therapists so we will be planning to put some best practice guidelines in place.

15. Adults with learning disabilities are at significant disadvantage in terms of learning and having access to technology so more dependent on carers to assist. What does this mean for establishing an authentic rapport?

Meera	ALDs who aren't able to advocate for themselves or express their wants and needs will rely heavily on their communication partners (carers or family) to get their needs met. Establishing authentic rapport with an individual will enable the carer to understand the needs of the individual and advocate for them which would improve their quality of life.
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16. Is there a hub where people are sharing resources re: Teletherapy?

Rachel	<p>Yes: the RCSLT Telehealth Professional Network.</p> <p>The RCSLT has established a new online community platform (or professional network) where members can share information, ideas and mutual support on the <u>topic of telehealth</u>.</p> <p>The Professional Network is open to all members, providing an opportunity to connect and network across specialisms and geographical boundaries.</p> <p>To sign up to the online platform, please fill out your details here.</p>
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Meera	Not a hub but I have joined several facebook groups to see what is out there and what resources therapists recommend. Alot of therapists also share their resources for free on these pages so it is worth having a look.
Shermeena	There are a number of Facebook Groups on this topic. There is also a Computers in Therapy CEN (CITCEN). For more information about CENs, please visit the RCSLT website .

17. Is it really the case that there are no studies about telehealth Speech and language therapy for adults with a learning disability? I couldn't see it on the list. I wonder if the dysphagia studies might include this?

Answered live: If you go to the evidence base section on the guidelines there is a comprehensive excel spreadsheet which is worth looking at. I haven't seen any in my searches but please share anything you find with us so we can add it to the resources in the guidelines

Rachel	Google Scholar is a good place to search and NHS/employer trust libraries and knowledge services can also do a literature search for you.
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18. What are people using for telehealth platforms? The trust I work for, I believe, has not given a clear answer and it's been between WhatsApp video, Zoom (not preferred unless initiated by parent/school), MS Teams. What platform are people using or RCSLT recommend?

Answered live: RCSLT are not recommending which platforms to use as this depends on guidance from your trust/private practice. In the telehealth guidelines there is an outline of the most used platforms which is a good starting point. At my practice we are using google meets.

Rachel	There are a number of NHS approved platforms. Teams, Attend Anywhere and AccuRx are among the most common currently
Meera	Unlocking Language uses the Google platform (Google meets) which is GDPR compliant. The SLT is able to screen share and more than one participant is able to access this. Service users can use their smartphone, iPad or laptop for this. It is great because when a session is booked in, it gets emailed straight to the clients parents/ caregiver or client themselves. They also get a reminder of the session 10 minutes before it commences.
Shermeena	Answer above.

19. I think the RCSLT guidelines are invaluable but do you feel that we could perhaps be better equipped to manage barriers (including personal and environmental factors) in telehealth if we could work within an evidence-based framework to build our competencies?

Rachel	I do think there is a need for training to help us to transfer the skills we have to
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	overcome barriers. There is a small evidence base for this.
Shermeena	Useful article looking at telehealth competencies for nursing staff in USA https://www.sciencedirect.com/science/article/pii/S0260691716000149 University of Maine, Speech Therapy Telepractice and Technology Program Manual https://core.ac.uk/reader/217052384

20. The biggest challenge we are coming across in our service (outpatient voice/upper airway) is our elderly clients, who have limited access to technology and may also be hard of hearing. They are also likely to be shielding for the foreseeable future, and so unable to come in for face-to-face appointments. How do you suggest managing this? Do we accept that our input with these clients will be limited?

Rachel	We have weighed up the risk for shielding patients for them coming into hospital or us doing home visits if we feel that the detriment to them not being seen at all outweighs the risk to them in terms of Covid. If they have come into the hospital, we have limited their time with us, put in precautions such as masks, temperature checks. Or gone to their homes in appropriate PPE as carers, district nurses etc are still doing visits even to those shielding.
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21. I was really enthusiastic about working with Telehealth and feel if the training and technology is there, it clearly can work. But what is lacking in my experiences is any governance and guidance on how we support the many people that this service is not suitable for / do not have technology. There is a potential that we inadvertently discriminate against those who could not afford to have technology and lack the skills to access our care.

Rachel	I agree. We have made sure locally that we risk assess this and if there is inequality in the service that we offer people home visits or outpatient appointments with appropriate PPE. We have also looked at having a bank of iPads that we can loan out and tertiary areas in local clinics/GP practices for people to access the equipment. Digital inequality is on the national agenda.
Meera	When I was initially informed that we had to offer teletherapy, that was a concern for me, however, there are many ways to work around this for students in schools: <ol style="list-style-type: none"> 1. If parents do not have access to technology, the SLT can utilise that time owed to the students/school to create some programmes which the school can print and send to parents. This can have clear instructions of use with resources attached. The key is to keep it short and simple. 2. If parents would like support but do not want to / cannot engage in teletherapy, the SLT can take short and simple videos of how to use the resources (which parents can duplicate at home). 3. The SLT can offer weekly / fortnightly/ monthly phone calls to offer support to those who do not have access to the internet. For children in

	primary school, there are several items at home which can be used to make sessions fun and engaging which parents would be able to carry out e.g. blanks level questions using items in the house, PECS sessions using motivators + snacks at home, working on receptive language e.f linguistic concepts (infront, behind, next to, or under) using items at home. The SLT would need to provide clear instructions on how to carry these out but I do feel that it's possible for all service users to gain some type of access to the SALT service (even if it is not by video)
Shermeena	In terms of outpatients (and schools) - linking it to Meera's point : <ol style="list-style-type: none"> 1. We print and post resources for outpatients 2. Send training videos via email and follow up with call <p>Also:</p> <ul style="list-style-type: none"> • We have used our facebook page to have weekly Q&A for parents on a specific topic and have directed parents to this which discusses strategies and key techniques • Schools we work at have sent resource links to parents on their bulk emails/put it on their websites • Digital poverty is on the national radar and some LA's have allocated monies to provide support with technology - its worth contacting your local LA.

22. How do you blur the background? Does it depend on what platform you're using?

Rachel	Yes. If you look at the platforms table in the guidance, you can see which platforms allow you to blur backgrounds.
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23. Anyone interested in developing a working group re training/teaching students?

Answered live: RCSLT is starting looking at telehealth student placement guidelines next week - if you are interested in being involved please get in touch with paul.omeara@rcslt.org

24. Is there specific guidance for interpreters when managing without a video support as well as IT requirements to support a telehealth session or are they expected to make do - should this be part of the contract ?

Answered live: there has been a lot of discussion around using interpreters in telehealth - I agree we need to get some guidance around this and look into it further. Would it be possible to liaise with you? and discuss further. My email is sham@unlockinglanguage.co.uk

Shermeena	Answer above and some have made contact. Shall we put together something for telehealth guidelines? Happy to share email details.
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25. Is 'blur background' a particular feature that the platform might offer?

Rachel	See Q.22
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26. I work in a community clinic and specialise in Parkinson's but do pick up other pts. I have booked a young man with a Cochlear Implant and wants to improve his speech. I'm aware that video consulting may impact on quality of sound and he sometimes uses a BSL interpreter. I have limited experience with this client group. It would be good to find out how to incorporate BSL interpreter

Rachel	<p>You could invite the interpreter onto the call if they are able to join remotely so that all three of you can be seen. If they can be present with you in the clinic and be seen by the webcam whilst socially distancing, this might work.</p> <p>We have done this for MDT clinics but others may have had direct experience with BSL interpreters and telehealth. This is a good resource: https://www.hearingloss.org/covid-19-healthcare-providers-guidelines-telehealth-accessibility/</p>
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27. With regards to the RCSLT guidelines that were published last Friday on voice and upper airways disorders, the appendix on what enhanced equipment should be considered for voice assessment etc - can the speakers recommend particular equipment eg external microphones that they currently use and their NHS Trust were happy to buy?

Rachel	<p>Not one in particular that we have purchased yet. We are using digital voice recorders against the desktop speakers which is working as an interim measure dependent on connection. There is ongoing research into the best microphones and speakers to use. Smartphone speakers are also pretty good in one research paper so if a patient can record themselves and send it to you, you will get a decent recording.</p>
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28. The security poster on the previous slide, I can't seem to find that on RCSLT website. Please could you give a link to that ?

Answered live:

<https://www.rcslt.org/-/media/docs/Telehealth/INFO04RCSLT-Infographic.pdf?la=en&hash=D15EB355BC74DB59944CD3474EC4E75E87AABD80>

29. Are there any methods or tools you recommend for collecting and evaluating telehealth outcomes? What aspects of telehealth delivery would you recommend measuring?

Answered live: We are planning to use talking outcomes to audit and review the service over the last 3 months. www.talkingoutcomes.co.uk. They have devised something specific for telehealth.

Shermeena	Answer above.
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30. Have you developed a telehealth SOP that you would be able to share?

Answered live: There are examples of SOPs and DPIA's available in the resources section that you can access from there to support devising your own.

Rachel	Very happy to share our most recent SOP once finalised.
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31. Any issues with individuals who do not have capacity to consent to a video consultation? Can it still go ahead?

Answered live: It would be as you would normally do - in the best interests of the individual and document this as you would usually.

32. I want to audit our use of telehealth but don't want to reinvent the wheel. Are there any resources out there in terms of questions to look at etc etc?

Answered live: I know Talking Outcomes have put together a specific resource to measure speech therapy in telehealth. Might be worth looking there. Rachel and Rebekah may have more suggestions.

Rachel	There should be an example patient feedback form in the resources section of the guidelines
Shermeena	Answer above.

33. If using telehealth for dysphagia assessments. Do you insist on the presence of someone with training in Basic Life support/ Choking interventions with the patient in case of a choking event?

Answered live: No, not as routine. We send out advice and support over the phone if needed. Although I've not needed to do this ever yet!

**34. The consent forms on the RCSLT site relating to use of video and related GDPR all look quite lengthy and non user-friendly - does anyone have a simpler consent form that meets NHS requirements but is quick/easy to use?
Also, do consent forms for video consultations have to be manually signed?**

*Answered live: At the moment consent is considered to be the service user answering the call so consent forms were developed pre-the "digital first" approach. Consent is the same as face to face but considering the consent to use data/wifi. We document in our notes that they have consented to the consultation whether telehealth or face to face
<https://www.nhs.uk/covid-19-response/data-and-information-governance/information-governance/covid-19-information-governance-advice-health-and-care-professionals/>*

35. Is there any advice regarding whether / when an adult should be present in video consultation with children? We work with all ages and teenagers often don't want parents in the session. In terms of safeguarding is there any guidance please?

Answered live: I spoke to a few different trusts and practises around this. It is tied to your safeguarding policy and risk assessment. For example, one trust will only see children when

the parent is present. One practice will allow the parent to leave (they will be present at the start and end but go off in the middle for various reasons). It is easier not to have the parent there for older children but for younger children it's useful to have them there based on the reason that they can carry on providing support in between sessions. This is a tricky one with no right or wrong answer but should slot into your safeguarding policy and wider trust safeguarding policy. It's useful to liaise with your safeguarding trust lead/school safeguarding lead.

Shermeena	Answer above
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36. We are checking use of google forms for outcome measures in the voice caseload. (VHI and RSI) with our information governance department. Has anyone else used this? We intend to use unique patient identifier for anonymity (as 'owned' by google)

Answered live: We have used Microsoft Forms within our work Office 365 accounts which has added security as I understand it. Initials may be another way to anonymise these.

37. How do you manage to do language assessment? I've heard of something called a visualiser so the service user can see things you've got on the desk in front of you. Do you know of any assessments which are digital that can be used remotely?

Answered live: there are some links and advice around digitised assessments that are available as well as adapting traditional paper based assessment for video consultation use which you can do via screen sharing on many platforms.

Meera	<p>We are currently using formal and informal assessments online and screen share.</p> <p>For informal assessments, we create these on a Powerpoint and either save them as PDFs or keep them as a Powerpoint. Informally for early years we assess receptive and expressive language/social communication with this. Because it's informal we include nouns, verbs and key word level activities. We usually rely on parents when it comes to knowing the child's responses to receptive language tasks. Using toys and objects and the child's home can also help to assess key word level understanding (we usually send parents a list of items they will need before the assessment/screen).</p> <p>For receptive language screens, we have sometimes numbered the pictures so that the parents would tell us if the child pointed to 1,2,3,4 or all. This makes it much easier to score from an SLT point of view and reduces any pressure on the child to get items correct.</p> <p>We have also been using the Q Global CELF 5 Assessment. The expressive language subtests and is much easier to complete than the receptive language. With some children, I have attempted the receptive language subtests and relied on parents to tell me if their responses were correct or incorrect.</p>
Shermeena	Telehealth guidelines assessment section goes into detail.

	<p>Pearsons Free digitised assessment list: https://www.pearsonclinical.co.uk/q-global/q-global.aspx</p> <p>Elementary UK - popular visualizer used by SLTs https://www.youtube.com/watch?v=DYMuKggEfSw https://elementaryuk.com</p> <p>Many publishers allow scanning - information is either on a website or contact them.</p>
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38. Have you created boundaries on telehealth sessions as they have more access to your email contact , desperate parents/relatives may contact you if there is increased level of anxiety

Rachel	We don't use our personal work emails. We have a departmental email address on nhs.net so that we can't be contacted directly. It's quite easy to set up. I would definitely set boundaries and make sure that your email address is not available to everyone. It also safeguards if you were off for any reason as someone else can pick up any messages.
Meera	We correspond with all our parents and clients using e-mail. They have access to our individual emails and can contact us if needed.
Shermeena	In private practice you are more likely to give you generic/personal work email addresses. We limit ourselves to responding to emails between work hours to manage expectations from the start. The team also has a personalised google number and text number (via an app) so clients can contact them on that again only to be used within work hours. I do agree that there is increased anxiety from parents and contact being made out of usual work hours.

39. I'm finding aphasia assessments more challenging on video than dysphagia. Is that the feeling with you?

Rachel	<p>Yes aphasia assessments are more challenging, but there are ways around most things. Tips for our Stroke SLTs:</p> <ul style="list-style-type: none"> • For patients post stroke, request the in-patient team to carry out most assessments, that way your intervention is more focused on therapy via telehealth. • Informal assessments work really well via telehealth and can provide most information needed to inform goals and therapy sessions. • The Mount Wilga works well via telehealth if you need a formal assessment for higher level difficulties <p>https://www.stroke.org.uk/what-is-aphasia/communication-tools/getting-online-people-aphasia</p>
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40. Has anyone used telehealth to deliver LSVT to individual patients?

Answered live: There is good evidence for this and we are trying to set up small LSVT groups as well. We often lend them the decibel and pitch meters and are experimenting with using our own meters via the speakers. The evidence base is good though

41. Are there guidelines for working with adults with learning disabilities via telehealth?

Rachel	This is an interesting article: https://www.scie-socialcareonline.org.uk/decisions-about-technology-principles-and-guidance-on-good-practice-when-considering-the-use-of-telecare-and-assistive-technology-for-people-with-dementia-learning-disability-and-related-disorders/r/a11G00000753zwIAA
Shermeena	Useful guide: Telecare and learning disability https://www.choiceforum.org/docs/telecare.pdf

42. How best to assess prolonged phonation via video links and do other voice analysis please.

Answered live: Have a look at the voice and upper airways guidance on RCSLT

Rachel	Some platforms will cut out background noise which will try and cut out parameters of dysphonia so make sure you check this.
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43. What advice is there around assessing phonology and articulation accurately via telehealth / video consultations in terms of getting the best quality sample to analyse?

Answered live: There is a section in the telehealth guidelines - in the assessment section specifically around speech assessments. Good audio equipment (headset), clear microphone quality and clear screen. useful to send a checklist to the service user (there is one in the guidelines) which outlines the above but is user friendly.

Meera	We have been assessing speech using teletherapy since we started Teletherapy. It's important to have good audio quality, microphone and clear screen. I would also recommend getting consent to video the assessment so that you can watch it back. We also sometimes get parents to send us videos of the child saying specific words which is impacting the child intelligibility. In this environment, we shouldn't always rely on formal assessments but also informal assessments and how best to get the information we need.
Shermeena	Answer above.

44. Does carrying out formal standardised assessment remotely affect standardisation and reporting of results against norms?

Rachel	<i>From a colleague:</i> I haven't had any difficulties assessing children's speech and language skills via telehealth. I have used the CELF5, RAPT, CLEAR, ACE, all online. It is easier to assess expressive language, however giving control to the student to point using the cursor or annotating to test receptive
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	<p>language has worked well.</p> <p>It's just important to practice this before starting in case their device doesn't allow for annotation etc. This is also in the assessment section of the guidelines. Another thing that is great is use of video from parents in their homes for social communication and expressive language samples - however this is also best practice and I use video a lot in my assessment and therapy sessions.</p>
Meera	<p>I have also used a range of assessments - CELF 5, RAPT, CLEAR. I have found that assessing expressive language is much easier than receptive language. For some students I have had to rely on the parents to tell me if the child has answered the questions accurately.</p>
Shermeena	<p>In guidelines.</p> <p>To consider: you likely will need to rely on parents partially to clarify children and young people's choices on tasks assessing comprehension and across other tasks if children & YP do not have the verbal or nonverbal (e.g., limited gestures) language or cognitive skills to specify their choices.</p> <p>I would just say that following the usual procedure (as in the manual) appears to be sufficient, with considerations for some of the subtests being unsuitable for telepractice delivery. Also ensuring that parents understand expectations if they are supporting sessions. In the trial items I have also added in practice for identifying the correct picture if, e.g. they are choosing from 4 pictures - by verbally numbering the pictures and making sure the student understands this system before continuing.</p>

45. How are people securely emailing/ messaging their patients?

Answered live: You can send messages through AccuRx Fleming with an nhs.net account and some electronic patient records have an SMS function. We are using both these. We also have a department email address so that we can send emails out from a central place rather than personal emails

Shermeena	<p>We use the google suite system - this gives us access to google meets and hangouts (video calls), text messaging, voice calls with a specific number and secure emails.</p>
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46. Have you any advice to begin telehealth in a clinical area that there isn't specific research into e.g LD challenging behaviour. Maybe a QI project?

Rachel	<p>I would say to apply the skills you have to a different medium. There is general evidence on wider healthcare and a lot will depend on the people supporting them at the other end. Definitely worth adding to the evidence base or doing it as a case study?</p>
Shermeena	<p>Collaborate. The medical field and other healthcare/educational professionals have also been trialling telehealth in recent years. Draw parallels to your</p>

	clinical area. Australia and America are leading on this.
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47. Dysphagia: this is very adult heavy... there seems to be far less evidence for implementing dysphagia assessment via telehealth for paed clients. Could you signpost us in the right direction please?

Answered live: I would recommend the Paediatric dysphagia CEN event coming up in July. We do have colleagues with experience in paediatric dysphagia assessments and success with teletherapy. Training of parents/carers is key as with adults. We will definitely answer this in a Q&A document to go with the slides afterwards. There is a systematic review in the references section of the evidence base. Raatz, M. K., Ward, E. C., & Marshall, J. (2019). Telepractice for the Delivery of Pediatric Feeding Services: A Survey of Practice Investigating Clinician Perceptions and Current Service Models in Australia. Dysphagia, <xocs:firstpage xmlns:xocs=""/>. doi:10.1007/s00455-019-10042-9

48. Do you know of any studies looking at outcomes of using telehealth for younger children (5 and under)?

Answered live: It is really limited in the under 5's! Haven't found any studies but if you find anything, please share it with us.

49. Do you have any advice for therapists doing speech sound assessment remotely? This is an area our team is finding tricky due to the sound quality. Face to face assessment is as hard because of the need to wear masks and visors currently

Answered live: There is a section in the telehealth guidelines - in the assessment section specifically around speech assessments. Good audio equipment (headset), clear microphone quality and clear screen. useful to send a checklist to the service user (there is one in the guidelines) which outlines the above but is user friendly. I would be interested to know the specific tricky bits - are you able to email me on ... or send it via here so we can have a think about and get some advice for you.

Meera	<p>We have been assessing speech using teletherapy since we started Teletherapy. It's important to have good audio quality, microphone and clear screen. I would also recommend getting consent to video the assessment so that you can watch it back.</p> <p>We also sometimes get parents to send us videos of the child saying specific words which is impacting the child intelligibility. In this environment, we shouldn't always rely on formal assessments but also informal assessments and how best to get the information we need.</p>
Shermeena	Answer above.

50. Can I ask what 'Emergency procedures' you have in place for choking/aspiration?

Rachel	We agree who will call 999 if required. We send out the St. John's ambulance
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	resources on choking beforehand and we are ready to read that over the video call if needed. https://www.sja.org.uk/globalassets/first-aid-posters/adult_choking_first_aid_advice_poster.pdf https://www.youtube.com/watch?v=PA9hpOnvtCk
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51. In regard to sending out thickener following the flowchart, is this via the post?

Rachel	Yes, we have sent it via post or it has been dropped through the letterbox by a community therapist.
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52. Can you share the emergency management of choking/aspiration which you send out to carers please?

Rachel	See question 50
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53. We have access to Attend Anywhere for individual clinical appointments but currently looking for a platform for patient group work. Zoom is being discouraged for any clinical based work or discussions due to security concerns. We have MS Teams but have been advised that this is for communication with professional colleagues only. Anything that can be recommended?

Rachel	We use Microsoft Teams for clinical appointments which are easy to use and secure although zoom has updated it's security recently . Our community respiratory therapists have used Teams for group sessions. You can invite a patient to a Teams meeting by sending them a link and setting up a lobby area. If you need any help with the Data Privacy Impact Assessment for Teams, we can share what we have. There is an example of how we have used Teams for voice therapy in the guidance. https://www.rcslt.org/-/media/docs/Telehealth/10Microsoft-Teams-case-study-Voice-Therapy.pdf?la=en&hash=26F2C041653D296A9F478B85368DEDE711206491
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54. Has anyone found that using a headset + microphone helps with auditory signal?

Rachel	I've tried both. It helps me not not speak as loudly and eliminates background noise if I do use a headset. If your PC or laptop speaker isn't high quality, then headsets can help.
Meera	We have therapists on the team who prefer to use headset and microphone and have reported to find it much easier. They are able to control their voice and they have reported that the sound quality is much better.

55. Would you recommend that there is an assistant present if you are carrying out a dysphagia assessment? I carry out VC with pts who live alone

Answered live: I have also done some assessments with patients alone - mainly head and neck who are cognitively able, independent and weighed up the risk. We decided the majority of the caseload, we would need an assistant

56. Can I just clarify that you are saying that in dysphagia telehealth assessments the assistant helping the service user is a trained member of staff with levels 1-4 of their competencies? WE cant use family members/carers etc?

Answered live: No, we use anyone who is available! It's just worth being aware of what level we are expecting of people and tailor our advice accordingly e.g. a carer or care home staff

57. I'm a paediatric therapist and am just starting to use teletherapy for assessment purposes. Does anyone have any advice regarding what assessments work well by video & overcoming any copyright issues?

Rachel	See Q.44 and assessment section of the guidelines.
Meera	<p>We are currently using formal and informal assessments online and screen share.</p> <p>For informal assessments, we create these on a powerpoint and either save them as PDFs or keep them as a power point. Informally for early years we assess receptive and expressive language/ social communication with this. Because it is informal we include nouns, verbs and key word level activities. We usually rely on parents when it comes to knowing the child's responses to receptive language tasks. Using toys and objects and the child's home can also help to assess key word level understanding (we usually send parents a list of items they will need before the assessment/ screen).</p> <p>For receptive language screens, we have sometimes numbered the pictures so that the parents would tell us if the child pointed to 1,2,3,4 or all. This makes it much easier to score from an SLT point of view and reduces any pressure on the child to get items correct.</p> <p>We have also been using the Q Global CELF 5 Assessment. The Expressive language subtests and is much easier to complete than the receptive language. With some children, I have attempted the receptive language subtests and relied on parents to tell me if their responses were correct or incorrect.</p>
Shermeena	<p>See Assessment section in guidelines.</p> <p>For copyright check the publisher's website/make contact with them. Some are allowing scanning of materials, some have developed digitised versions, etc.</p> <p>Pearsons: https://www.pearsonclinical.co.uk/q-global/q-global.aspx</p> <p>For assessment, you likely will need to rely on parents partially to clarify children and young people's choices on tasks assessing comprehension and across other tasks if children & YP do not have the verbal or nonverbal (e.g., limited gestures) language or cognitive skills to specify their choices.</p>

58. May I know what a choking script is?

Answered live: It's us reading out the instructions from the handout we give them. We have laminated it and have it to hand

59. Is there a list of digital assessment resources available on RCSLT website?

Shermeena	No. Please note that the RCSLT cannot recommend specific assessment products or publishers. We suggest that SLTs check on the publisher's websites for more information about specific assessments.
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60. Are you able to please share your local 'choking script'?

Rachel	See Q. 58 and 50
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61. Are any voice therapy services successfully using telehealth currently?

Answered live: Yes, we have been doing voice therapy for 18 months. Technology and connection issues can affect the quality of sound. The voice/upper airways guidance is useful for this and the Trent Voice CEN are planning a webinar on voice and telehealth in July

62. In dysphagia, how do you decide who should have a face to face appointment and who you would carry out a telehealth appointment with? Is it more based on practicalities of the software or do you ever take into consideration the complexity of the service user's eating and drinking skills/medical status?

Rachel	It is both practicalities and clinical/medical considerations. See dysphagia flowchart and considerations in the slides .
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63. We are interested to know anyone currently using secure platforms on sharing videos from clients to therapists e.g. interactions; activities that has been approved by their IG and how they are storing these as part of the clinical notes?

Rachel	If they are small enough to send via email, we have nhs.net accounts that create a secure chain with the client when you email them and they email back. We would then add the file to their patient records. It would be worth knowing the security measures for file transfer sites such as 'We Transfer'. You would need a DPIA for this. (See Information Governance section of the RCSLT Telehealth guidance).
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64. Has anybody had a request to take students in the near future whilst using telehealth?

Rachel	We will be taking students in the coming months and providing telehealth based placements. RCSLT is starting looking at telehealth student placement guidelines next week - if you are interested in being involved please get in
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	touch with paul.omeara@rcslt.org
Shermeena	Yes we are taking paediatric students this summer who will be delivering teletherapy for children in mainstream and special schools.

65. Where do we stand if the individual is alone and there are issues around choking?

If there were a carer present, would we need to check that they are aware of what to do physically or just be aware of being on hand to contact emergency services?

Rachel	If we thought there was a high risk of this, we wouldn't do a dysphagia assessment with someone without a helper present. See previous questions 33, 50 & 58 on choking advice.
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66. Can anyone give me advice on a suitable secure platform to use for patients to email us their video clips as too large for regular email? Our IT dept say security is a real issue.

Rebekah	There are online file-sharing platforms available, such as 'We Transfer' and 'Egress'. It would be important to assess the security measures for these sites, such as encryption. Check with your local information governance department about whether anything has been approved for use within your organisation. Before using any file transfer platforms, a DPIA would need to be completed. (See Information Governance section of the RCSLT Telehealth guidance).
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67. Platforms such as Zoom allow patients to interact with shared screens (e.g. the annotate feature) however this feature is not available on Attend Anywhere/Near Me, our Trust's chosen platform. Any advice re completing comprehension assessment with people with aphasia (e.g. spoken word picture matching) when annotate feature is not available? So far going through options and confirming choice via Y/N questions (or numbering options and asking patient to indicate choice by holding up number of fingers) have not been that successful...

Rachel	<p>This webinar with links to youtube presentations is stroke-focused and they have had success with aphasia therapy:</p> <p>Webinar : Virtually transforming the rehabilitation experience</p> <ul style="list-style-type: none"> • Welcome and Introduction • The Evidence for telehealth and stroke • Developing digital technology for a remote home visit • Providing teletherapy to clients with aphasia, dysarthria, apraxia of speech and dysphagia in the Doncaster area • REMOTE REHAB Virtually Transforming Patient Support • Questions and answers <p>Informal comprehension assessments may be easier to carry out via telehealth. For formal comprehension assessments – you can hold up the page and ask the patient to point to the item, the caregiver then tells you which one they pointed to. Another option is to post the assessment pages to the patient and they can then point to the item, again the caregiver could tell you which item they point to.</p>
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68. Will the RCSLT be providing any advice and guidance on doing ASD assessments using telehealth potentially making use of assessment tools like TELE-ASD-PEDS or the NODA?

The RCSLT does not provide advice and guidance about the use of specific assessment tools. We would encourage you to consult the guidance available on [Remote Assessment](#) within the RCSLT Telehealth guidance, which includes some key considerations for when administering both formal and informal assessments.

Shermeena	Cross reference with response to ASD assessment question (Q114) regarding the qualitative use of formal assessments.
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69. Do you have any advice for carrying out telehealth with adults with learning disabilities? Completing communication assessments within ALD can be difficult anyway due to difficulties with attention, behaviour that challenges etc. It is also difficult as many providers don't have great technology to do this - do you have an advice about how we could get round this?

Rachel	Here is a link to an interesting article: https://www.scie-socialcareonline.org.uk/decisions-about-technology-principles-and-guidance-on-good-practice-when-considering-the-use-of-telecare-and-assistive-technology-for-people-with-dementia-learning-disability-and-related-disorders/r/a11G00000753zwIAA
Meera	This would be similar to carrying out assessment with young children with LD/SEN. You could use a parent or carer questionnaire to obtain information. Most ALD assessments in the past have been informal ax and observation. It will be difficult to carry out an observation, but with the support of his/her carer, you may be able to carry out informal key word assessment etc, making sure the environment is quite calm - similar to carrying out assessment with anybody really. Also consider having more breaks in the session. Face to face sessions for individuals with ALD tend to be mostly indirect and provide advice and strategies which can still be delivered via teletherapy.

70. The resources and guidance around having a third party trained in advance and present during the video consultation is very well considered. I wonder if there is any guidance in the use of video consultations for dysphagia for unscheduled care? Or perhaps the answer might be that it is not recommended due to risk management?

Rachel	Yes. I think that we would make sure it was planned in advance so the risks are reduced.
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71. Is there any specific research on using telehealth with learning disabilities (LD) clients ... can anyone comment on their experience so far with LD clients please?

Rachel	Here is a link to an interesting article: https://www.scie-socialcareonline.org.uk/decisions-about-technology-principles-and-guidance-on-good-practice-when-considering-the-use-of-telecare-and-assistive-technology-for-people-with-dementia-learning-disability-and-related-disorders/r/a11G000000753zwIAA
Shermeena	(Cross-reference with article listed in question 41 and 69)

72. How to measure outcomes and evaluate telehealth?

Rachel	There are example outcome/feedback forms on the guidelines in resources, for example, here .
Shermeena	We will be trialling a questionnaire developed by Talking Outcomes to gather feedback from our clients.

73. Will the RCSLT be doing a separate webinar re. using telehealth to assess and provide therapy for under 5's/children? This webinar has been really informative but the emphasis has strongly been adult/dysphagia to date?

The RCSLT is currently planning a second webinar on the topic of telehealth. The details will be made available on the [website](#) in due course.

Shermeena	If you have any specific questions around telehealth with under 5's I am happy to discuss with you. My email is sham@unlockinglanguage.co.uk
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74. Do you have any experience/ tips/ advice/links for doing communication assessments with patients with Learning Disability/ Dementia?

Rachel	Here is a link to an interesting article https://www.scie-socialcareonline.org.uk/decisions-about-technology-principles-and-guidance-on-good-practice-when-considering-the-use-of-telecare-and-assistive-technology-for-people-with-dementia-learning-disability-and-related-disorders/r/a11G000000753zwIAA
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75. How do we ensure that offering telemedicine is equitable? Making sure that we are able to reach families who do not have access to technology? Ensuring that we are not just targeting the middle class?

We have recently updated the RCSLT Telehealth guidance to include further information about the [key things to consider](#) when deciding whether telehealth is an appropriate option for the individuals that you are working with, including access to technology.

Meera	<p>1) If parents do not have access to technology, the SLT can utilise that time owed to the students/school to create some programmes which the school can print and send to parents. This can have clear instructions of use with resources attached. The key is to keep it short and simple.</p> <p>2) If parents would like support but do not want to / cannot engage in teletherapy, the SLT can take short and simple videos of how to use the resources (which parents can duplicate at home).</p> <p>3) SLT can offer weekly / fortnightly/ monthly phone calls to offer support to those who do not have access to the internet. For children in primary school, there are several items at home which can be used to make sessions fun and engaging which parents would be able to carry out e.g. blanks level questions using items in the house, PECS sessions using motivators + snacks at home, working on receptive language e.g. linguistic concepts (in front, behind next to , on under) using items at home. The SLT would need to provide clear instructions on how to carry these out but I do feel that it is possible for all service users to gain some type of access to the speech and language therapy service (even if it is not by video)</p>
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76. Just wondering if anyone has a policy in place for if a child/family DNA's their teletherapy session? I have had 3 families not log into their arranged appointment this week and not been able to contact them via phone following this. Just wondering if people follow the same policy as they would for F2F appointments, or if new policies have been created and put in place for teletherapy sessions?

Answered live: At our practice we are being flexible with DNA's as there is no commute so time can be used more effectively (we are allowing up to 3 DNA's with a service user). This does vary with different trusts and practises.

77. What software are people using with voice caseloads to analyse and assess voice quality?

Rachel	We are trialling Speech Tools Voice analyser with ipad/iphone up against PC speakers.
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78. How do you tackle oromotor assessments using telehealth?

Answered live: Recently at our practice we trialled this in 2 ways:

- 1. to look at soft palate movement, in the mouth we asked the wife of the client to video with the torch on and send this to us.*
- 2. we did it via telehealth and spent time at the start getting the right position and light. We asked the client's partner to have a torch so we could see better in the mouth - It's tricky!*

Meera	We will get consent to record the session. We usually ask the parents or caregiver to video the client and on specific oro-
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	motor tasks and share this with us. I have carried out paediatric assessments for oro-motor and have found it quite straightforward to assess.
Shermeena	To build on Meera's point, it is important to use a secure and compliant system to transfer videos. When recording sessions, it is also important to consider storage and security.

79. How do you support those people who do not have the technology to have a videoconference? Has anyone considered loaning equipment e.g. to people who are going to receive a set amount of therapy sessions?

Answered live: If there is a child and is referred via the school or LA you can liaise with them to see if they will loan a laptop (LA's have been given additional money to support with technology esp London schools).

80. Does anyone have any information on doing teletherapy for AAC?

Meera	<p>There are paediatric and adults training and webinars available talking about strategies, approaches and apps, e.g.:</p> <p>https://www.liberator.co.uk/training-events/training https://www.liberator.co.uk/training-events/recorded-webinars</p> <p>I have also worked on low tech AAC-PECS in sessions. I had worked on educating parents to make their child environment PECS friendly and we work weekly on PECS in a structured setting/ breakfast time/ snack or lunch time.</p>
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81. Are people aware of Trusts or healthcare providers offering devices (as donations or on loan) to service users / service providers who do not have suitable ones to use for video links?

Shermeena	Check with the LA commissioner for speech and language therapy/children and young people for any fund support.
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82. How do you get around less verbal pupils needing to point to your symbols on the screen (e.g. power-points), with being unable to see where they are touching the screen?

Answered live: a platform with remote access will allow you to see where the pupil is directing their response either touch or mouse on your screen. You could check the comparison charts to check if your platform supports this feature and if not it may be worth contacting the provider to ask if this is planned in the future as many are keen to support clinicians.

Rachel	If you don't have screen sharing or remote participant control, is there anything physical you can send home so that a parent or helper could hold it up and you
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	can watch where they point to?
Meera	I rely on parents to tell me what they have pointed to. It has worked really well for me.

83. Regarding speech sound assessments remotely, our problems are lack of screen share on our platform, and not being able to hear sufficiently well from the child's end what sounds they are using.

Meera	We have been assessing speech using teletherapy since we started teletherapy. It's important to have good audio quality, microphone and clear screen. I would also recommend getting consent to video the assessment so that you can watch it back. We also sometimes get parents to send us videos of the child saying specific words which is impacting the child intelligibility. In this environment, we shouldn't always rely on formal assessments but also informal assessments and how best to get the information we need.
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84. Has anyone else met challenge from other health professionals (non-SLT) for using telehealth?

Rachel	Our service has been able to lead the way for other professionals by demonstrating telehealth so that it can be rolled out to other therapy and hospital services. Barriers tend to be digital literacy and confidence and how quick some teams are to accept change. I would advise demonstrating the benefits and having test sessions to help with people's confidence with the process.
Shermeena	There have been some challenges from schools around safeguarding. Some LA/schools have requested for all sessions to be recorded. This then raises issues around recording, storage and consent. Schools were provided with comprehensive policies and signposted to NSPCC.

85. Do you have any particular recommendations for therapists doing parent-child interaction therapy e.g. needing parents to send videos prior to session, or wanting to record a short segment during the session and then both be able to view it/ pause it / discuss it as you watch together. What is the best platform for this? What is the best way for parents to send longer videos securely?

Answered live: Your trust will hopefully have a platform for sending videos. If not could the client send a video password protected to your email or via a free file transfer platform? Once it is on your computer if you are using platforms like Zoom or Google Meets you can share the video as we are now and go through it together.

86. Can you develop a more paediatric focused session?

The RCSLT is currently planning a second webinar on the topic of telehealth. The details will be made available on the [website](#) in due course.

87. Has anyone done audits on attendance in telehealth , esp for paediatric services?

Shermeena	This is something that we are currently working on. It would be great to hear from others also doing so and to share examples.
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88. Whilst the practice of telemedicine has been invaluable during the Covid 19 crisis, what are the panellists opinion of the role of telemedicine moving forward. Should it be the " new norm" or a tool to augment / work alongside face to face interventions?

Answered live: I can see it continuing to be used in addition to face to face. For example its a useful tool to be used in areas where there are speech therapy recruitment issues.. its been useful to be used as parent coaching sessions

Rachel	I think it will be client choice as well as getting access to specialist services that wouldn't have them otherwise. I'm sure that the general public will have got used to doing things this way. Our patients are saying they would prefer a mix of in-person and telehealth
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89. I have watched the relevant LSVT webinar and seen their own evidence. Would be good to have a look at some independent evidence too!

Rachel	<p>LSVT evidence is available - A variety of LSVT and Parkinson's Disease telehealth literature. Overall LSVT outcomes can be replicated by others.</p> <p>Chan, M. Y., Chu, S. Y., Ahmad, K., & Ibrahim, N. M. (2019). Voice therapy for Parkinson's disease via smartphone videoconference in Malaysia: A preliminary study. <i>Journal of Telemedicine and Telecare</i>. doi:10.1177/1357633X19870913</p> <p>Constantinescu, G., Theodoros, D., Russell, T., Ward, E., Wilson, S., & Wootton, R. (2011). Treating disordered speech and voice in Parkinson's disease online: a randomized controlled non-inferiority trial. <i>International journal of language & communication disorders</i>, 46(1), 1. doi:10.3109/13682822.2010.484848</p> <p>Covert, L., T., Slevin, J., T., & Hatterman, J. (2018). The Effect of Telerehabilitation on Missed Appointment Rates. <i>International Journal of Telerehabilitation</i>, 10(2), 65-72. doi:10.5195/ijt.2018.6258</p> <p>Dias, A. E., Limongi, J. C. P., Barbosa, E. R., & Hsing, W. T. (2016). Voice telerehabilitation in Parkinson's disease. <i>CODAS</i>, 28(2), 176-181. doi:10.1590/2317-1782/20162015161</p> <p>Dias, A. E., Limongi, J. C. P., Hsing, W. T., & Barbosa, E. R. (2016). Telerehabilitation in Parkinson's disease: Influence of cognitive status. <i>Dementia & Neuropsychologia</i>, 10(4), 327-332. doi:10.1590/s1980-5764-2016dn1004012</p> <p>Griffin, M., Bentley, J., Shanks, J., & Wood, C. (2018). The effectiveness of Lee Silverman Voice Treatment therapy issued interactively through an</p>
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iPad device: A non-inferiority study. *Journal of Telemedicine and Telecare*, 24(3), 209-215. doi:10.1177/1357633X17691865

Halpern, A., Ramig, L., Matos, C., Petska-Cable, J., Spielman, J., Pogoda, J., . . . McFarland, D. (2012). Innovative Technology for the Assisted Delivery of Intensive Voice Treatment (LSVT@LOUD) for Parkinson Disease. *American Journal of Speech - Language Pathology (Online)*, 21(4), 354-367. doi:10.1044/1058-0360(2012/11-0125)

Lim, S. Y., Tan, A. H., Fox, S. H., Evans, A. H., & Low, S. C. (2017). Integrating Patient Concerns into Parkinson's Disease Management. *Current Neurology and Neuroscience Reports*, 17(1). doi:10.1007/s11910-017-0717-2

Quinn, R., Park, S., Theodoros, D., & Hill, A. J. (2019). Delivering group speech maintenance therapy via telerehabilitation to people with Parkinson's disease: A pilot study. *International Journal of Speech-Language Pathology*, 21(4), 385-394. doi:10.1080/17549507.2018.1476918

Schneider, R. B., & Biglan, K. M. (2017). The promise of telemedicine for chronic neurological disorders: the example of Parkinson's disease. *The Lancet Neurology*, 16(7), 541-551. doi:10.1016/S1474-4422(17)30167-9

Swales, M., Theodoros, D., Hill, A. J., & Russell, T. (2019). Speech-language pathologists' perceptions of the use of telepractice in the delivery of services to people with Parkinson's disease: A national pilot survey. *International Journal of Speech-Language Pathology*. doi:10.1080/17549507.2019.1650110

Swalwell, C., Pachana, N. A., & Dissanayaka, N. N. (2018). Remote delivery of psychological interventions for Parkinson's disease. *International Psychogeriatrics*, 30(12), 1783-1795. doi:10.1017/S1041610218000340

Theodoros, D., Aldridge, D., Hill, A. J., & Russell, T. (2019). Technology-enabled management of communication and swallowing disorders in Parkinson's disease: a systematic scoping review. *International Journal of Language and Communication Disorders*, 54(2), 170-188. doi:10.1111/1460-6984.12400

Theodoros, D., Aldridge, D., Hill, A. J., & Russell, T. (2019). Technology-enabled management of communication and swallowing disorders in Parkinson's disease: a systematic scoping review. *International Journal of Language & Communication Disorders*, 54(2), 170-188. doi:10.1111/1460-6984.12400

Theodoros, D. G., Hill, A. J., & Russell, T. G. (2016). Clinical and Quality of Life Outcomes of Speech Treatment for Parkinson's Disease Delivered to the Home Via Telerehabilitation: A Noninferiority Randomized Controlled Trial. *American Journal of Speech-Language Pathology*, 25(2), 214-232. doi:10.1044/2015_AJSLP-15-0005

Tindall, L. R. (2007). *Videophone Delivered Voice Therapy: Comparing Outcomes to Traditional Delivery for Adults with Parkinson's Disease*. ProQuest.

90. It would also be great to include some guidance around dysphagia assessments through video with people who live alone and therefore no third person available. Is this a group of people where telehealth is not an option due to risk?

Rachel	We would say that in this situation unless someone is very cognitively able and the risk of not doing the assessment via telehealth would outweigh other risks, or if an in person or outpatient appointment is absolutely not possible at the moment, then we wouldn't do a swallowing assessment without a helper. Use your clinical judgement and assessment of your own confidence when considering this.
Rebekah	During the webinar we presented our dysphagia flowchart, which supports assessing risk. This is available in the slides .

91. Can I just clarify that you are saying that in dysphagia telehealth assessments the assistant helping the service user is a trained member of staff with levels 1-4 of their competencies? WE can't use family members/carers etc?

Rachel	No, but the framework is really useful to consider what information to give beforehand. We are not saying that you cannot use family members/carers as helpers for assessment but the framework really helps us quantify what we are expecting of them during the assessment and can help us build our information for the assistant/helper before the assessment. For example, Level 1 would include healthcare information relevant to the general public around swallowing awareness and demonstrable skills and competencies are not required at this level. The framework can be found here: https://www.rcslt.org/-/media/docs/EDSCF_29May_FINAL.pdf?la=en&hash=C884D44EE9627B7AB29E4DC0FCA34E5D8D226959
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92. What programme is Meera using to show slides and annotate on in real time please?

Meera	I was using black sheep press narrative programme and saved it onto a powerpoint presentation as PDF. We use google meets as our platform which I was using to write, make ticks and crosses.
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93. What sorts of rewards have you found useful as motivators for children? Particularly young children?

Meera	I use a lot of 'let's make a deal cards' in sessions. Again these are created on a powerpoint and I make these interactive. Because my area of work varied from mainstream to SEN schools, my motivators can vary from a balloon, to water play to baking biscuits, chocolate, playing a game at the end of the session or working for their iPad. I let the child choose what they are 'working towards'. Parents are present in the session and also agree on the motivator for the session prior to the session and sometimes tell me at the start of the session 'he's working for baking a cake today' or 'she's working for her water play today'.
Shermeena	Using a bell sound for every 5 correct answers gives the child a star. We

	<p>email/post the start sheet to the parent and the child colours in the star.</p> <p>Having a 2 minute break on the jamboard/interactive white board.</p>
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94. What headsets would you recommend for use within teletherapy to reduce background noise for clinician and improve sound quality for client?

Meera	A headset/ earphone works well to reduce background noise and improve sound quality.
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95. What software is used in the language therapy video please?

Meera	For the particular session which I ran, it was a Black Sheep Press program (Oral to written) saved as a PDF therefore, I was able to make it interactive.
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96. What are your thoughts/advice on addressing digital poverty and ensuring that service users needs are not being met due to their lack of access to internet/laptops/technology?

We have recently updated the RCSLT Telehealth guidance to include further information about the [key things to consider](#) when deciding whether telehealth is an appropriate option for the individuals that you are working with, including access to technology.

Rachel	<p>NHS England statements on digital inclusion</p> <p>https://www.england.nhs.uk/ltphimenu/digital-inclusion/digital-inclusion-in-health-and-care/</p> <p>Joseph Rowntree Foundation and the spotlight that Covid 19 has shone on the digital divide</p> <p>https://www.jrf.org.uk/blog/coronavirus-response-must-include-digital-access-connect-us-all</p> <p>Report from 2018 prepared for UK Government's Department for International Development with useful data and evidence</p> <p>https://assets.publishing.service.gov.uk/media/5c178371ed915d0b8a31a404/Emerging_Issues_LNOBDW_final.pdf</p> <p>Seah, K. (2020). COVID-19: Exposing digital poverty in a pandemic. <i>International Journal of Surgery (London, England)</i>, 79, 127–128. https://doi.org/10.1016/j.ijso.2020.05.057</p> <p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7245204/</p>
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97. VOICE: Any advice on the issue of audio cutting out on sounds sustained for any longer than a few seconds when on video calls?

Rachel	<p>Be aware of platforms that cut out background noise/headphones with noise cancellation as they may cut out parameters of dysphonic voice that you are listening for. We are advised to seek support from ourIT departments to ensure that any headsets purchased do not feature built-in noise cancellation technology. See RCSLT Voice and Upper Airways Guidance and particularly Appendix 6 for audio considerations https://www.rcslt.org/-/media/docs/Covid/voice-guidance-cover-merged.pdf?la=en&hash=AF6373D414A9ED20D2F0B40B7AD1D1C330CDEB39 It might also be related to internet connection speed at times so check the bandwidth. Other considerations could be the patient recording themselves onto smartphone and sending it across to the SLT.</p>
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98. Money raised by Captain Tom is being used to by iPads for in-pts in hospitals - perhaps requesting funds for paed is worthwhile?

Rachel	We are looking into this for our community and outpatients so it is certainly worth pursuing.
Shermeena	Local authorities have been provided with some extra funding to support families so it is worth contacting them.

99. With voice therapy - how do you get around prolonged phonation cutting out?

Rachel	<p>Be aware of platforms that cut out background noise/headphones with noise cancellation as they may cut out parameters of dysphonic voice that you are listening for. We are advised to seek support from ourIT departments to ensure that any headsets purchased do not feature built-in noise cancellation technology. See RCSLT Voice and Upper Airways Guidance and particularly Appendix 6 for audio considerations https://www.rcslt.org/-/media/docs/Covid/voice-guidance-cover-merged.pdf?la=en&hash=AF6373D414A9ED20D2F0B40B7AD1D1C330CDEB39 It might also be related to internet connection speed at times so check the bandwidth. Other considerations could be the patient recording themselves onto smartphone and sending it across to the therapist.</p>
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100. It would be helpful if in the files we can access after this webinar you could include all the resources mentioned in the chat like visualisers / patients knows best etc.

Answered live: Every resource discussed on the webinar is either linked to from this document or can be found on the [RCSLT website](#).

101. Meera what were you using on the excerpt we saw with the child for your sentences?

Meera	Black sheep press oral to written programme
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102. Any advice re using telehealth to support children who are going in to school but we as clinicians are unable to?

Answered live: Are you able to carry out the telehealth session with the child in school - arranging it with the school?

Meera	<p>I would suggest:</p> <ol style="list-style-type: none">1) Some schools are closed for deep clean, so perhaps see what day they are closed and book your teletherapy sessions accordingly. <p>OR</p> <ol style="list-style-type: none">2) Arrange with the school SENCO to see the child in school3) Arrange with the parent to see the child after school (some schools have shorter days) <p>I have been seeing students who have returned back to school and these are the methods that I am using to book sessions in.</p>
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103. What programme was Meera using please?

Meera	Black sheep press oral to written programme
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104. In Ax, especially communication, do you think results are affected doing this over tele-health due to the difference in how it is carried out? For instance, you mentioned 'zoom fatigue' for clinicians - but these extra elements such as having to concentrate on a screen, look at selves and clinician etc. would surely have an impact on patients performance also?

Rachel	<p>It is certainly worth making sure sessions aren't too long and splitting them up into 2 sessions, e.g. an hour long session into 2 x 30 mins to help with this for both the clinician and patient.</p> <p>See reference from Webinar evidence base slides</p> <p>https://www.nationalgeographic.co.uk/science-and-technology/2020/04/zoom-fatigue-is-taxing-the-brain-heres-why-that-happens</p>
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105. What is the advice about using a telehealth approach to undertake assessments rather than intervention, for children.

Shermeena	See RCLT Telehealth guidance on Remote assessment
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106. Training up an assistant seems key to a successful telemedicine dysphagia assessment. If this isn't possible either due to the urgency of assessment or the carer not being able to be trained, would you say the assessment shouldn't happen or go ahead but with only limited detail? We have been explaining to patients on the phone that this is a limited assessment and a face to face may still need to happen.

Rachel	We make sure we have a conversation rather than formal training to lay out expectations and make sure they know what they need to around thickening and
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	the process of the assessment. There is evidence to say that remote dysphagia assessments are reliable but many of these are based on the more formal training of an assistant. If there are risks to only having the remote assessment that you can identify then face to face is still appropriate with appropriate PPE
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107. I have a question related to telehealth in the context that many of us are currently working from home. Much of the focus of the excellent telehealth resources that are available via the RCSLT currently relate to technical and practical aspects of delivery as well as the client/patient experience. Home working is a massive feature during this C19 pandemic and whilst it may be something that could be considered a local policy issue it is important to recognise the potential impacts of long term home working during the C19 pandemic. Unlike workplaces, our homes are not standardised environments. Equipment to support home working can be supplied by employers, however, individual environments and circumstances do vary widely. Variation may include managing children, other caring roles, partners also working from home, suitable physical and mental space for working, and the emotional impact of remote working. I am sure that many of our members are discussing their individual needs with their employers and I hope that employers are responding in a supportive and compassionate manner, however, there will be cases where individuals do not feel able to fully discuss their situations, or where employers have unrealistic expectations. We are a 'can do' profession, as evidenced by the response to the C19 pandemic but this can mean that individuals are less able to speak up when they feel they 'can not'. It is in all our interests to ensure we look after ourselves and others, and this need is amplified by the current stressors which the C19 pandemic brings. Could the RCSLT include a section within the telehealth guidance which acknowledges the challenges relating to working from home posed to our members, with resources and guidance to support both individuals and their employers?

Rachel	We do not have a specific section in the telehealth guidance, however, we do have this guidance around therapist wellbeing: https://www.rcslt.org/learning/covid-19/resilience-self-care
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108. I am missing the use of the Laryngograph for voice recordings in my Telehealth voice clinics currently. Apart from asking patients to set baseline voice recordings on their own phones is there any other method of encrypted/confidential/data secure voice recording that can be shared between patient and SLT that offers SLT good acoustic quality for voice analysis?

Rachel	Evidence that patients recording on their own phones produces a good quality voice recording - you can share via chain email or software such as WeTransfer. We have had success with digital voice recorders up against the speakers on the desktop. There are also apps that support with voice analysis and have a function to share files that include apps that patients can download onto their phones https://speechtools.co/
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109. Have any services involved student teaching by them joining therapy on the digital platform? Consent and correct platform availability obviously will be essential.

For September we are aware that we should be taking new students and are now actively thinking about how this will effectively be managed.

Rachel	We are starting this from July this year and have agreed what sessions we can offer remotely. Our plan is for them to remotely join the call with patient consent. If they are observing the session only, then the student will turn their camera off and the same for if a therapist was observing the student and client. Consent and confidential space at both ends is essential. We are looking at providing laptops to students who need them from home and also need to access the electronic patient record.
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110. How do we best assess these children using telehealth approach? I know that information has been provided on RCSLT website about some studies and I have looked at this, as well as guidance for assessment publishers but bringing together what is being done nationally would be really helpful.

Meera	<p>The RCSLT Telehealth guidance contains a section on Remote Assessment, which includes some key considerations for when administering both formal and informal assessments.</p> <p>We would really encourage people to share examples, which could be added to the RCSLT website, you can do this by:</p> <ul style="list-style-type: none">• send any examples to info@rcslt.org, or• sharing via the RCSLT Telehealth Professional Network (sign up here)
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111. Will there be a webinar for paediatric therapists using teletherapy. I would like to see a video of a therapist using an app where you can share screens, more examples of parent coaching using teletherapy and how to run a stuttering group using teletherapy.

The RCSLT is currently planning a second webinar on the topic of telehealth. The details will be made available on the [website](#) in due course.

112. I just want to find out links or any further information on training for remote swallowing assessment for SLT, care home staff and/or families? In some slides there were pamphlets/ easy to read information about remote assessments- would it be possible to share these? In addition are there any policies / risk assessments that could also be shared that can be used if we are to implement this service?

Rachel	<p>The links to the webisodes in the slides are also really easy and quick to watch.</p> <p>https://www.speechpathologyaustralia.org.au/SPAweb/Professional_Education/Learning_to_Use_Telepractice/SPAweb/Professional_Development/Telepractice/Service_Delivery_Telepractice.aspx?hkey=20094f96-5204-4ee5-a744-408f77385f6d#pn02</p>
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113. I have a large cohort of special school students who use AAC. I am wondering if you know of any body or any guidance on how to carry out telepractice with AAC clients? I am not imaginative enough to think how this would be possible! AAC

Meera	<p>There are paediatric and adults training and webinars available talking about strategies, approaches and apps, e.g.:</p> <p>https://www.liberator.co.uk/training-events/training https://www.liberator.co.uk/training-events/recorded-webinars</p> <p>I have also worked on low tech AAC-PECS in sessions. I had worked on educating parents to make their child environment PECS friendly and we work weekly on PECS in a structured setting/ breakfast time/ snack or lunch time.</p>
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114. Will RCSLT be offering advice and guidance regarding UCLA/WPS intention to provide new/adapted assessment re MDA inability to use ADOS 2 during initial Autism assessments?

ANSWERED PRE WEBINAR:

From WPS: The ADOS-2 requires administration by a trained examiner who is in the same room as the examinee and in close contact, interacting with the same materials. As such, it is not possible to validly administer this assessment remotely. Administrations of the ADOS-2 should be delayed until it is possible to resume in-person contact. Specific to Module 4, although this module is less reliant on toys and materials than the other ADOS-2 modules, it still has required tasks that utilize materials, and the focus is still on the social interactions between examiner and examinee. Remote administration would require modifications to standard procedures, and such modifications are not recommended, as they are likely to change the social “press,” will limit the scope of observation, and may not produce valid results consistent with published research. Any administrations conducted in this manner should be for qualitative purposes only, and algorithms should not be used.

Can I validly administer the ADOS-2 while practicing social distancing and/or wearing personal protective equipment? Administration of the ADOS-2 involves close contact and the use of shared materials. The focus of the assessment is on the social interaction between examiner and examinee, and maintaining an unusual physical distance for a social interaction and/or wearing a face mask/plastic face shield may change the nature of that social interaction in a variety of ways, such as by interfering with establishing rapport and obscuring facial expressions and spoken language. Data supporting the validity of the ADOS-2 are all based on administrations in which examiners engage with examinees without physical barriers and with a variety of physical distance depending on the specific activities being administered. Because of the unknown, yet likely, impact on validity, our recommendation is that ADOS-2 administrations be delayed until close in-person contact, without physical barriers, can be resumed. If ADOS-2 administrations are conducted prior to that time, the results should be interpreted with caution and used for qualitative purposes only.

As per my first answer the publishers have indicated on their website ADOS cannot be conducted remotely as it stands. This webinar by UCLS discusses how to use the ADOS during this time: <https://www.youtube.com/watch?v=sOGv8vbJeeo&t=3s>

115. I am currently in the process of redesigning packages of care for a paediatric dysphagia team to include teletherapy. We have large cohorts and a particularly large cohort of medically complex and hard to reach children. The evidence base is limited in this area and our concerns lie with assessment and management and particularly when we would identify the need for a face to face home visit over teletherapy. Do you have any examples or experiences of this?

ANSWERED PRE WEBINAR

- Observational (clinical) bedside swallow evaluations can take place over teletherapy provided that a family has a stable internet connection and adequate video-capable technology to participate and the family's English language proficiency is such that the parent or caregiver is able to co-facilitate the assessment, following instructions from the therapist.
- When clinical indicators for an instrumental assessment are present, a referral should take place.
- A bedside swallowing assessment can occur via teletherapy when the conditions above are met, but this cannot replace an instrumental assessment if one is needed.
- Therapeutic interventions for swallowing difficulties that involve parents as co-facilitators and aim at environmental modification (e.g. changing child's positioning, trialing new feeding utensil) can also be implemented via teletherapy provided the family have access to adequate technology to allow for therapist to appropriately oversee and provide feedback.
- If families require a change in thickening consistency, it is recommended this be demonstrated for the family along with the IDDSI flow rate test in order to ensure adherence to recommended diet. This can be done via teletherapy.

116. Do you have any guidance or advice around working with YP (aged 11-16 years) by themselves over teletherapy? IN clinic and schools normally they attend independently, is there anything we should consider when these visits move to video?

ANSWERED PRE WEBINAR

- *When it moves to video I find that asking parents to stay in the room is helpful for safeguarding, although it becomes difficult as I have found some students with ASD will ask for the answer and the parent needs to navigate the session rather than the therapist, In these cases it can be helpful to ask that the parent answers a question of their own in the activity so that everyone is doing the task, not just the student. This creates the idea that everyone needs to work on their own. I hope that makes sense, essentially that if individual therapy is not an option, safeguarding or any behavioural reason, the parent can become a part of the session.*
- *If the student has a school email address, sometimes I send follow up 'homework' that they need to do or reminders for what to prepare in the next session.*
- *I've found that some of my students will forget about the sessions, and I would have to send email reminders to the student and/or parents or call them if they haven't joined within 5 minutes*

- *Supporting students with IT issues can sometimes be difficult as they may not have an adult or other sibling in the room to help them*
- *In general, it is always useful to understand your teletherapy platform so you can support the student/ parent with IT troubleshooting*
- <https://childpsychotherapy.org.uk/sites/default/files/civicrm/persist/contribute/files/Guidance%20on%20working%20remotely%20with%20children.%20general%20%20COVID-19.pdf>

117. I am interested in any advice you can give on ensuring reliable assessment of speech and language in children via telehealth.

ANSWERED PRE WEBINAR

- *For assessment, you likely will need to rely on parents partially to clarify children and young people's choices on tasks assessing comprehension and across other tasks if children & YP do not have the verbal or nonverbal (e.g., limited gestures) language or cognitive skills to specify their choices.*
- *I would just say that following the usual procedure (as in the manual) appears to be sufficient, with considerations for some of the subtests being unsuitable for telepractice delivery. Also ensuring that parents understand expectations if they are supporting sessions. In the trial items I have also added in practice for identifying the correct picture if, e.g. they are choosing from 4 pictures - by verbally numbering the pictures and making sure the student understands this system before continuing.*

118. I would like to know how clinicians are safely using Patient Outcome Forms via telehealth e.g. the VHI-10 for voice disorders. This form would need to be completed by the patient and returned to the clinician remotely. Is there a specific platform that should be used to ensure patient confidentiality? Should an 'nhs.net' email account be used? Any advice greatly appreciated.

ANSWERED PRE WEBINAR

- *Could this be completed together using interactive mode/screen sharing*
- *Patient could send it with password protection but can be long and tricky for patient*
- *I think its fine for patient to use any account if just contains patient's answers ?GDPR*

119. I will be attending the Covid-19 Telehealth Webinar on Friday, and I have a few questions. I work as a Speech & Language Therapist on staff at an International School in Luxembourg.

ANSWERED PRE WEBINAR

How do you carry out assessments online?

Refer to the assessment section in the policy: check with publisher of the assessment to see the ruling of how you can use their materials, e.g. digitalised and free, visualizer, scanned, etc. Then practice!

Are there particular software applications that allow you to have a split screen with 'games' on part of the screen (not just sharing your screen, but more interactive games between the therapist and client)?

If the question was about playing multiplayer interactive games i.e. the client and herself playing on the same interactive game, then there are not many free interactive game options. However there are some websites that will allow multiplayers to play on the same game. These tend to be turn taking games like tic tac toe, connect four or snakes and ladders. The SLT can screen share the webpage and give the student mouse control. Some examples include:

- <https://www.twoplayergames.org/educational> - student will need mouse control unless they verbally tell SLT what to manipulate on the screen*
- <https://skribbl.io/> - a bit like pictionary and the SLT can create a private session so that the game is just the SLT and client*
- Symplify is also good for making therapy activities fun and interactive, though you need to pay for this after the free trial.*
- You can also create games on Powerpoint, but these will take time.*
- Brooke from Simply Speaking SLT (a New Zealand based SLT) has created lots of powerpoint games e.g. Pig goes pop, Pop up Pirate etc. These can be played open ended or with speech/language targets incorporated. These games can be purchased on Teachers Pay Teachers - <https://www.teacherspayteachers.com/Store/Simply-Speaking-Slt> She has also recently started a paid annual membership where you can get access to all her digital activities.*

In terms of sharing split screens:

Screen sharing is different depending on the platform you use. As a general rule, when you select 'share window'. If you use a split screen, the client will still only be able to see the initial screen you shared. To overcome this, you can use share 'entire screen' and the client will see everything you see on your screen. So you could have the activity you are completing on the left and the reward game on the right. You can split screen on Windows (up to 4 windows) and Mac (this is known as split view up to 2 windows).

Some platforms such as Zoom will allow you to mirror your iPad, so your client will be able to see the picture/ app presented from your iPad.