Providing placements "in-house": Our response to the COVID-19 pandemic
Division of Human Communication Sciences, Health Sciences School, November 2020

Background

The Division of Human Communication Sciences (HCS) runs a number of in-house clinics, which in usual times involve clients coming in person to the department for group and/or individual speech and language therapy sessions with students, supervised by HCS staff. These clinics provide voluntary and mandatory student placement opportunities. They also support local NHS services and extend the range of provision available for clients in Sheffield. See here for further information.

When we entered a state of lockdown earlier this year, our students lost access to both these and their external clinical placement opportunities. We also could no longer provide the much-valued, regular input and social contact for the individuals who accessed our clinics. Our clinic leads quickly jumped to action exploring ways to rise to the challenge facing us via telehealth.

Although the learning curve was steep, we were able to deliver our usual clinics (Small Talk, Aphasia Centre, Dysarthria Group, Memory and Life Story Group, Parkinson's Voice Volume Group) remotely. We also developed new in-house telehealth placement opportunities through collaboration with local voluntary networks and NHS services: a 'Moving Up' placement to support the transition of children and young people (most with an Education, Health and Care Plan) from Y6 and Y11 to secondary school and further education; collaboration with, Speak with IT, who trained and supported students to enable people with aphasia to access computer therapy; and a collaboration with Sheffield Aphasia Group, with students supporting the peer leader to host their weekly meetings using Zoom. We combined these with supervision by clinical academic staff at HCS.

In this new academic year, our "in-house" placements continue with students using our physical clinic as a base to deliver telehealth where needed. In the accompanying slides, you can see a snapshot of four of these clinics. Below we have shared some of our key learning points, gathered from staff, student, service user and carer feedback.

Key learning points

- Pilot your telehealth placements with staff/students/'expert' service users/carers. You can test the method of delivery (e.g., trial platforms) and identify the 'unknown unknowns'.
- Maintain the usual "shape" of a placement, e.g., online induction meeting, introducing students to service users, ensuring systems for case note sharing/taking/storage, providing supervision, setting activities to scaffold learning, end of placement debrief and evaluation.

- Identify the best platforms for an inclusive, user-friendly experience while also meeting HEI or NHS security requirements. Exploring this with clients has highlighted issues we may not have considered, e.g., the importance of being able to see one's own face clearly on the screen, the "feel" of a space, font size issues on whiteboards.
- Students are often tech-savvy and *we* can learn from *them*. But not all students are already confident and competent in the skills needed for telehealth. Factor in opportunities for practice using platforms/trialling activities (e.g., assessments, supported communication).
- Use students to develop your resources, e.g., "How to" guides for clients and other students, accessible resources for using platforms.
- Peer learning is well suited to telehealth, e.g., opportunities to practice with each other, taking responsibility for different aspects of sessions, debriefing together, moral support.
- Manage student expectations around telehealth. Discuss the reality of unreliable internet connections, tolerating pauses whilst waiting to share a screen, dealing with time lags, being flexible, e.g., changing to use of the telephone as the connection is poor.
- Don't forget email and telephone! Some of our service users have benefited greatly from weekly telephone calls from our students to practice strategies and for social contact.
- We have access to a wealth of resources, e.g., RCSLT Telehealth Guidance. It can also be useful to supplement this with brief local guidance bespoke to your students.
- Use your learning technologists – if you have access - they helped us with exploring issues around platforms and developing our own knowledge and skills.
- Allow time and consider staff workload. Telehealth sessions are very effective once set up. The process of setting up clients and students with technology, and scheduling sessions, is much more complex and time-consuming than arranging and running face-to-face sessions.
- Evaluate - get feedback from all involved parties and be open to adapting your approach.

Final Reflections

We have been impressed with the productive work of our students in these placements. They have found creative ways to make video calls interesting and motivating to the clients. Client feedback has been overwhelmingly positive: "the technology has proved to be brilliant"; "we just click the link sent each week, knock on the door and we are in"; "Boosting my confidence to talk online - I talk with my friend online now"; "I would prefer to continue this way for now rather than face to face". Others found it more of a challenge, e.g., finding online sessions tiring, missing the social element of our groups in HCS. The input has been important in these challenging times: "only thing he's had for 'him' for weeks"; "at this difficult time it has been nice to have a focus outside of ourselves".

For some, telehealth delivery has not been feasible, e.g., where technology barriers were insurmountable, where we could not arrange support from interpreters online, where it was not possible to provide adequate supervision for families known to social care. This has meant that the group of clients is not representative of the typical speech & language therapy caseload. Despite this, it has proven to be a valuable option for those clients who can access the support. This approach may even broaden our potential to provide input to those who find the journey into HCS to be a barrier. Finally, although we have focused on our in-house placements here it is important to say how indebted we are to our Practice Educators. They have worked rapidly to innovate and adapt external placements to continue to provide excellent practice based learning experiences for our students.

HCS Clinic Team November 2020