**Speech Therapy Telepractice Training Podcast
May 12, 2020**

**Judy Walker
Mark DeRuiter**

DERUITER:

Hello and welcome to a CAPCSD video podcast on speech therapy telepractice training.

My name is Mark DeRuiter and I'm the Vice President for Professional Development with the council. Today I have a great opportunity to talk with Dr. Judy Walker. Dr. Walker is an associate professor and coordinator of the University of Maine Speech Therapy Telepractice Program. This program is a great thing for us to think about as so many of our member programs have been pushed or thrust into telepractice with the pandemic and maybe we haven't had the time we wanted to really think through where we want to be with telepractice in a thoughtful and mindful way. Dr. Walker you’ve got a program at your institution that has been going for quite some time, and so we'd love to talk about it. Good morning and welcome.

We'd love to hear about your mission and kind of how you move through setting up this program and making it a great opportunity for student education. Welcome.

WALKER:

Well, thank you Mark. I'm very happy to be here. My interest in telepractice started back around 2012 when I was the chair of the Department of Communication Sciences and Disorders at University of Maine.

I was receiving phone calls from Superintendents and Rehab Coordinators and others throughout the state asking us to produce more graduate students in speech therapy. We are the only program in the state of Maine that has graduate training in speech therapy. We were at capacity. And so it was very clear to me that we were not able to produce more students to meet the shortages that I was hearing about from all of these different inquiries, so I start thinking about a different way that we could be efficient and effective in reaching people with disabilities in our state and I became very very interested in telepractice at that point. Lo and behold I learned that my colleagues at Waldo County General Hospital down in Belfast, Maine who are truly Pioneers in telepractice training already we're doing telepractice, and so I started working with them to learn more about this and our training program actually then started at that point.  When we first started to conceptualize this program, it was clear that that our primary focus was on Workforce Development. Although we couldn't increase the capacity of our graduate student numbers and enrollments, we could increase their effectiveness and their efficiency and reaching more people throughout the state. So workforce development and meeting the workforce shortages in Maine was our primary focus. Simultaneously, we realized that there are many schools and other facilities throughout the state and adults with disabilities who needed services and we're not receiving services.

We realized it was sort of a win-win where we would be training our students and simultaneously providing services to those in need throughout the state. After a few years and the program had been developed, we then added a research component addressing how to use the technology to meet social isolation and communication needs in adults as well as looking at the impact that telepractice could have at improving outcomes in our children in public schools. So, hence, we had a tri-part mission that was crucial and critical to moving for the telepractice program that was pretty well thought out and carefully and incrementally built within our department.

DERUITER:

Yeah, this is really interesting to hear Judy because the thinking through your process, you know, and hearing that word “years” right?, that you had years to work through exactly what you wanted this to be and how it met the need is something that I hope our member programs, with how things have changed and how we're now looking ahead, will be able to reflect back and really think about telepractice in a meaningful way instead of just a response right?, a response to the pandemic where we've had to work so quickly. I really appreciate that. I can imagine that the, you know, the way you conceptualize the training and things then was really thoughtful and planful, do you have more to tell us about that.

WALKER:

Right, so after starts and stops and trial and error we ultimately decided that the best model for learning is an experiential model. I have colleagues throughout the country who also have incredibly good telepractice training programs that may actually use different models, their didactic models and so on. We found that experiential learning was maybe the best way to promote the learning of this particular skill set and telepractice service delivery model. So, the overview of our program contains three learning components. We have a one-week intensive training program, which is learning component one. It is during this time that we do intensive training of how to do telepractice.  Within this intensive training what we do is we work with our students in both instruction and in Labs where we're going back and forth teaching them not only the platform but also the technology that is involved in doing telepractice. I think it's very key to understanding that telepractice is only as good as the infrastructure that's available to support it.

So not only do our students learn cross-platform training, but they also learn how to evaluate the infrastructure within the state of Maine in terms of broadband connectivity strength and so on. Our state right now is about the middle of the pack in the United States in terms of internet speed and we all know that you've got to have adequate internet speed to be able to support video conferencing platform. So anyway, our students are actually learning many different aspects of technology and infrastructure that support telepractice. In addition to that of course, they're learning how to design and practice evaluations and treatment where we're applying different applications to understand how it is that you move from a three-dimensional space into a two-dimensional plane on a computer to be able to do high quality evaluations and treatment as well. Part of what we also have to do is train e-helpers. E- helpers are support personnel who are going to be located at our remote sites. They have to have a certain set of skills to be able to serve as adequate and very good facilitators to promote again the best interaction within our sessions. Students also learn that interpersonal skills over a computer are somewhat different than what we have in person and they have to learn to master the interpersonal skills over computer to ensure that again, they're providing the highest quality services to the children and adults at the remote sites. The interpersonal skills can be anything from being perhaps a little more animated over computer, but other things such as even understanding how you have to be front-lit when you're providing services as opposed to backlit so that you can see exactly what you need to see at your remote sites and also so that your clients can see you in the best way possible.

We also are teaching students at this point the digital documentation operations that we have within our program. Most of what we do is all digital but we interface with the Conley Speech Language and Hearing Center which is our on-site Training Center to basically provide the documentation that we need in terms of everything from billing, to plans of care, to daily progress reports, and so on. Another really key and crucial component in the Intensive training is students learn in detail all the ethical legal and reimbursement issues pertaining to telepractice. And there's a lot. Not only do we have Federal Regulations pertaining to telepractice but we have state by state regulations as well. The onus is on the practitioner to learn what their own State requires in terms of regulating telepractice. Furthermore, it's a state-by-state issue in many cases for reimbursement as well.  So again, students need to learn about reimbursement issues as they're going forward and thinking about future sustainability of telepractice training programs should they develop their own programs as they go forward as future practitioners. So this is the very first learning component, intensive training, the first component of our program.

DERUITER:

So this is just a question for you Judy, I'm looking at this slide here and that this occurs during the first week of the semester. Can you give us a sense of approximately how many hours you're spending with your students to wrap up all of this knowledge and skill?

WALKER:

Well ten hours a day (haha).

DERUITER:

 Okay. All right, so it's the full week. Alright, so I think that gives us a good sense of the depth right?, for those who are just stepping into this space. It really gives us a good sense of the depth of information that needs to be there as a foundation for our students.

WALKER:

Yes, and so we mix it up so there will be a piece of instruction.  Then from there we have our students break out and they're doing labs in all of our different spaces within our telepractice lab on campus. Then they come back and they'll do presentations. So we kind of rotate it so it's not just sitting and listening to instruction, it's applying what we're learning- coming back, presenting it, and so on.

DERUITER:

Okay, great. Thank you. So, then this sets the stage for the clinical practicum itself.

WALKER:

Correct.  So from there then our students engage in a semester-long clinical practicum. Understand that the model for this in the structure of a clinical practicum is a little bit different than on-site services. So for clinicians that are going into providing services on-site oftentimes the client to student ratio is smaller so you tend to have more students with fewer clients. For a telepractice program, it's a bit different. We usually take second year students who already have a pretty good understanding of in-person service delivery model and so subsequently they're taking those clinical skills that they've learned in person and they're applying it to the telepractice service delivery model. So the student to client ratio is different - so we may have fewer students but each student has more clients.  Our typical ratio is about 10 clients per student and each of these clients may be at a different setting. So we mix up the settings so that students have a vast array of experiences.

So students will have clients in public school settings both in Maine and we have a contract with an international school in Fiji which allows our students a huge culturally diverse experience. Students will also be working with adults in a variety of settings as well so they may be working with adults in their homes in group homes and day treatment programs and so on. We provide individual services, but we also run groups as well. So they get a vast array of learning experiences and also subsequently learn you know public school models, they learn medical models for clinical applications. So anyway, it is during this experiential learning that students do learn to apply the technology.

The referrals come through our on-site Conley Speech Language and Hearing Center and we are part of the entire training program which has a full service on-site speech and hearing clinic. During this time students learn initially to check the infrastructure and client candidacy. We have a manual that we follow and within that manual you can access forms that we use in our training program. One form we call the technology checklist. What this is, is basically where we are working with the clients to learn how to access a video conference session and we are evaluating them in terms of whether or not they're good candidates for telepractice, because not everybody is necessarily a good candidate. So we're checking things like the technology that they have within their setting in terms of equipment and internet connection, we investigate their e-helper and whether or not they'll have a e-helper that's available and the e-helper qualifications in terms of facilitating a session.We also will assess the clients ability to navigate the screen and we teach them things like how do you see tools and so on.

Furthermore we're also evaluating the client characteristics in terms of behavioral, cognitive, language, physical characteristics and so on, as to whether or not that again, they'll be able to participate in a telepractice session that's going to be of the highest quality.  That is the very first thing that we do before we even embark upon evaluation and treatment. And then of course students are learning how to do telepractice evaluations and different treatment applications throughout the course of the semester. We work with the students. We tell them basically that they will follow a progression in understanding how to apply the technology to provide these robust treatment sessions. Our analogy given that we live in Maine and we partake in skiing -downhill skiing [is] we have beginning slopes, medium slopes, and advanced slopes/ black diamonds.

DERUITER:

Right.

I like this a lot, thinking about just conceptualizing it that way for students, so they know when they need to take an even deeper breath, right?

WALKER:

So we're starting on the beginning slopes when they are just getting started, and that is really and truly using the most basic treatment materials. I mean things like just using simple power points where we're just sharing eTools, maybe PDFs and that sort of thing and worksheets and so on. It's important because this is as students are really and truly understanding how to use the technology while simultaneously providing services to different clients with different disorders. It is sort of multitasking and requires divided attention. It's a little like learning to drive a car where initially, you know, everything is definitely in declarative memory where you have to go through the steps and say well, you know, I got to turn the ignition on and so on and so forth.

Eventually over time it moves into procedural memory where you're not really thinking about even driving the car anymore. And this is what happens with the students. They get to a point where they become so good at using the technology that it becomes procedural memory and their entire focus then is on the client. That happens I would say about six to seven weeks into the practicum. It's at that point then we move them to the moderate and the advanced slopes if you will. We're really infusing much more sophisticated applications of the technology to move the students up to a whole new level. So by the time that they graduate they are absolutely master clinicians in understanding the most advanced applications of the technology in providing these high-quality services for our clients.

They also learn to work with e helpers and also families and professionals. So we're attending IEP meetings, we just do them remotely. Our folks that are in our public schools,that we've been working with for years, they're very used to it, sort of carrying us around if you will, and we're just these faces on the screen and they just set us on the table and we join all IEP meetings for all of our schools and we meet with family members and so on consistently throughout all of our programs. Students are also collecting outcome measures the same way that they would in person. We track all of our data through documentation in much the same way that we would do an in person as well. So all along students are developing these professional and interpersonal skills. And again, we follow the same guidelines that have been put out for Knowledge and Skills by ASHA. We follow the same guidelines and professional and interpersonal development of our students.

DERUITER:

Yeah. Thanks so much for this.  You know a couple of things that really pop here and I know we have limited time today, but thinking particularly about your thoughtful steps in infrastructure and client candidacy for these services. What a great thing to have students involved in, you know, as their training. Because what I've heard from you is, and it's so true, is we need to have them thinking about this in their future and really doing this well in the future. So I just appreciate that, and then having them think really thoughtfully about outcome measures within what they're doing through telepractice. And so just a couple of things that pop for me there. It sounds like you've got such a variety of clients you see and ways they are served. We'd love to hear more about how you kind of conceptualize that and I know you have a model for what you do kind of at a glance.

WALKER:

Right. So here we are at our location in Orno. As I said, we have a telepractice lab in Orno that has many suites so we can provide concurrent telepractice sessions. And so here we are in our lab in Orno and our clients receive one-on-one therapy throughout the state of Maine and also at this International School in Fiji. One of the one of the wonderful things that I talk about is that we can provide a therapy session let's say up at the Canadian border to an adult with Aphasia, and literally five minutes later once that session is over, we can be in Fiji. After the Fiji session opens, let's say five minutes later, we can be in the southern part of the state. So that's the beauty of telepractice - is that we don't have to leave our lab and yet our reach is extraordinary. So we provide one-on-one therapy. We also work in communication groups. Those groups can be a few people in one physical location or multiple remote sites where we bring people together throughout the state of Maine.

We provide services to children and adults across the age spectrum and one of the most beautiful things about telepractice in my opinion, is that caregivers, teachers, and parents can actually observe a session in real time. We can have, you know, parents perhaps that are at work and they want to know what it is that we're doing, as long as the parents are in a secure location, they can actually join our session and watch what we're doing. This helps tremendously with carry over. The same with family members as well. So it's a really powerful feature of telepractice to have anybody joining our sessions as long as their approved and they're in secure locations. They can observe what it is that we're doing.

DERUITER:

That is great. And that's one of the things I'm noticing as well. Our ability to bring in more what I just called the friends and family right ?, is really a plus. For those of us who are engaging with this more on the early end, this is a hidden benefit right?, where yeah, we can solicit more help of others, so yeah, thanks for that. You know and I'm hearing from you in this really nicely organized fashion that you have a “beginning” right? You're bringing your students together for a week. You're educating them. And then there's this “middle” where they are engaging and working through the process and then it's becoming more natural for them. I also know that you have this third kind of “end” where students are able to learn more and support each other, etc. almost like a debriefing in and of itself conceptually. Can you tell us more about that?

WALKER:

Sure. And I do want to just make one more comment before I move to the next slide and that is all of our students are supervised 100% of the time. One of the most powerful things also about telesupervision is that we can chat with our students in real time. So we actually can make suggestions for students to alter the course of whatever it is that they're doing. Furthermore students can actually chat with us to ask us questions during sessions. So that is again another incredibly powerful feature of telepractice that we don't necessarily see when we're doing Supervision in person.

Okay, so the other learning component that we have as part of our telepractice training program is peer learning which we feel is again, so crucial for students as they are learning this service delivery model.

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So essentially what's happening is we meet as a group once a week for an hour and a half to two hours and during this time what we are doing is infusing different learning experiences throughout the course of the semester.  Those gatherings can include everything from case presentations to discussing different types of technology. We can talk about troubleshooting. We will bring back in throughout the course of this semester discussions about rules and regulations pertaining to our different settings that were in and we've just found that this is an incredibly good way for students to again learn and apply the technology as they're going through this practicum. So it really does promote active learning and it allows the students to sort of take ownership over not only sharing what they've learned, but ownership over self-learning and it's very very supportive - a very supportive environment and it does certainly lend to team building as students learn from each other, and quite honestly, it's fun.

DERUITER:

I’m sure it is. These groups are very separate from a planning for evaluation or treatment is what I'm seeing - and these are at almost like a higher 30,000 foot level right to talk more broadly or is there also a treatment planning and things going on in these sessions as well?

WALKER:

No - the treatment planning actually occurs during a weekly supervisory meeting. So we as supervisors meet with each one of our students every single week to discuss treatment planning. So again that's very similar an on-site in person model - where supervisors are meeting to do treatment planning and evaluation planning and so on. This is in addition to that.

DERUITER:

Okay, great. Yeah. Thanks. I can see how, and really appreciate this idea of active learning and having students work to drive that learning in these discussion groups. So this has really evolved over years, as you said when you began, so as we think about it, and as those who are new to this, kind of are taking a moment to take that deep breath and reflect[do] you want to just walk us through your process of broadly again for getting this moving and really doing it well.

WALKER:

Sure. As I mentioned we kind of started this process several years ago and we have built the program over phases. So during the very first phase it took about one to two years to really get a handle on what telepractice is, learn the skill set for telepractice, but also operationally figure out how a telepractice training program was going to fit within the department operations.

I worked very closely with our Clinic Director who was again really instrumental in sort of working with me to get this program off the ground. Because what we did was we phased it into our on-site clinical services and during this time I wrote a training manual, developed forms which can be found on our website, figured out through trial and error how to best fit the program into our current department operations, and I learned how to use the technology by actually piloting the program with you know, one student and a few clients and we practiced the technology to perfect the technology and also to match it with our training manual and all of our forms to ensure again that it would fit well into our department. Other things you have to think about are things like developing partnerships throughout your state, developing remote sites -we had to build remote sites and also to figure out sustainability. I actually met with our business people on campus and read business plans to write a sustainable business plan for our program. After we finally felt like we had our footing, I was actually awarded some grants. So we had some infusion of money to help us expand our program in the face too. And it was truly during this time that we really and truly launched the program. We moved to a new space. I was able to hire people- a clinical supervisor to start expanding the students that we were training and expanding our remote sites and our partnerships, developing and marketing materials on our website and so on, and really moving the program forward. From there then we actually moved into phase 3. I call that the expansion phase and it was during this time again with another wonderful infusion of grant in a gift that we were able to expand taking on more students and expanding more sites. So as you can see this has happened over the course of several years. It doesn't just happen overnight. I think it takes time because not only are you learning about the technology, you also have to figure out operationally how a training program is going to fit into your department. There's a lot going on there as you're just getting started and then really feeling like you're going to find your footing and Phase 2 as you move forward.

DERUITER:

Yeah, as I'm listening to you Judy I really think about that phase one and thinking through that entire system. You know, you may have your University privacy office. You may have of course your own department and you have potentially your own clinic and kind of threading all of these things together. And then you mentioned writing your business plan. There certainly is a lot for us to consider as individual programs if we wish to move to a phase two and three over time and actually take what we're doing today and grow it into what it can be. So I appreciate that there's a lot to learn and a lot to think about and you've given us the tip of that iceberg today, which we really appreciate as we step back and look at what we're doing.

Do you have any parting thoughts for us today or things you wish, especially for a program that is just beginning now to move into this, words of caution or thoughts that you would like to put out there for programs.

WALKER:

Yes, I think I do there Mark. I want people to keep in mind best practices and I think I kind of underscored phase one and I want to just go back there just briefly because it is so incredibly important to understand the technology and how we can achieve best practices. We really have to think about HIPPA, High Tech, and FERPA compliance. We have all of our ethical considerations that need to be thought through to provide the highest quality services to our clients, you know, it is our professional responsibility to do that. There are a lot of resources that have literally overnight been put out there both on the ASHA portal but also through the ASHA professional development as well. And one of the nicest webinars on best practices that I've seen recently has been put out by Joannie Loman and her colleague Nathan Cornish Raleigh on preparing to offer high-quality services through telepractice. I urge you if you get a chance to look at that webinar because they very nicely go through everything that needs to be considered when you are building a program. So I would like to offer that up to everybody - please go see that webinar along with a review of the resources that are currently available to everyone.

And understand that it takes time. To really and truly develop a high-quality program it takes time and a lot of trial and error to ensure you are doing what needs to be done to provide the highest quality services.

DERUITER:

Thanks for that. Yeah, I see phase one as so critical as well just to make sure that that Foundation is there and then the other high point for me today is just listening to you talk through your very thoughtful planning in the student education aspect of this and the the foundation that goes into that as so critical. I think there's so much more we could learn there. I really appreciate that you've given us the kernel of things to think about as we move forward. We appreciate your time and we appreciate you sharing your energies and knowledge with us. It's a great great experience for many of us to move forward with telepractice. It's just getting it done right, right? and doing it as thoughtfully as we can in the midst of a lot of other chaos that's going on around us. And so we hope to bring our members more information about student education within telepractice overtime. We definitely want to refer our members to the CAPCSD website. You'll find the Covid-19 links as well as other webinar links or how we're supporting programs in this time. Judy I appreciate you and your energy today. This was Judy Walker Associate Professor and Coordinator at the University of Maine Speech Therapy Telepractice Program. Thank you so much, and we wish you a good day.

WALKER:

Thank you Mark. It was my pleasure.

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