SASLHA
South African Speech-Language-Hearing Association

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Telepractice

"Telepractice is the application of telecommunications technology to deliver clinical services at a distance by linking clinician to client, caregiver, or any person(s) responsible for delivering care to the client, for the purposes of assessment, intervention, consultation and/or supervision". Speech Pathology Australia, 2014)

Telepractice may be implemented when evidence-based practice (EBP) (high quality literature supporting the use of telepractice, in the specific area of pathology/communication disorder, as well as the clinician's knowledge, accompanied by clients' goals, align). The most common definition of EBP in the literature is referenced by the American Speech-Language-Hearing Association "EBP is the integration of scientific evidence, clinical expertise and opinion, and client/family values and perspectives" (American Speech-Language-Hearing Association, 2004). In addition, clinical evidence or internal evidence as referenced by Dollaghan (2007) refers to the practice of implementing clinical expertise to guide decision making.

ASHA's evidence maps are useful tools for sourcing evidence for particular disorders/ areas requiring literature to support a therapist's decision making process.

Client suitability:

Each client should be assessed on a case-by-case basis and factors affecting the efficacy of intervention should be carefully weighed up by the therapist and discussed with the client to ensure informed consent and autonomy are maintained.

Special considerations should be applied to clients with the following co-occurring contexts:

- Sensory processing disorders
- Attention, motivation and cognitive difficulties or disorders
- Suitability and adaptations of AAC, speech intelligibility, processing speeds that would be required to facilitate effective communication.
- Access to electricity, supportive conversation partners, or communication facilitators to join the session with the client, access to technology and ability to navigate the device.

Specific considerations for implementation:

It is recommended that clients have a carer or communication partner, in the role of a facilitator, nearby to ensure carry over or generalisation and to assist with any troubleshooting difficulties that may occur during the initial phases of implementing telepractice sessions. The additional role of this facilitator is to ensure privacy and that a secure therapy environment is maintained at the client's side of the "therapy room". Certain communication impaired clients may not be able to ensure their own secure and private therapy environments; therefore a facilitator could be used in the case of these clients. The therapist is required to implement his/her fiduciary duty toward his/her clients and act in the clients best interests at all times.

Payment:

Risks associated with teletherapy:

1. This is a relatively new field of emerging practice in South Africa. We lack official guidelines from the HPCSA and as such this remains a 'risk' for practitioners due to lack of clear guidelines, policy and evidence to guide best practice.
2. Informed consent must be clearly obtained from service provider and client. The HPCSA has provided temporary consent for services of teletherapy during the 21 day COVID-19 Lockdown.

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3. As it currently stands, telehealth has not been allocated any code(s) by any medical aid in the country. Therefore, the client must be informed of this. The client has to be informed this would be for their own personal account. SASLHA is currently in intense negotiations with these stakeholders.
4. Professional indemnity: Each practitioner MUST have individual professional indemnity and must contact their insurer to confirm that they would be covered for telepractice sessions should a claim be lodged against them. Now that HPCSA consent has been given, this should be a given, but please double check.
5. It is the practitioner's responsibility to ensure a secure platform and internet connection are used and the client's information and identity are secure. This remains true for both paper and electronic records.
6. Ensure that an emergency plan such as suitable emergency numbers or contact details for clients' next of kin are available should an event occur during a telepractice session.
7. Recordings: If the practitioner records the session then informed consent must be obtained from the client in writing. Each recording and an accompanying justification for the recording must be available. In addition, these recordings must be stored securely and are considered part of the client's record, to be stored and kept for the same number of years as paper files or reports.

To learn more about telepractice in Speech Pathology it is recommended that practitioners visit the American Speech-Language-Hearing Association website for more resources.
The Royal Institute for Deaf and Blind Children has published an instructional e-book, **RIDBC Teleschool: Guiding Principles for Telepractice**, available on iOS devices.

DISCLAIMER
The information shared in this document is done in good faith and while every care has been taken in preparing these documents, SASLHA disclaims any liability in connection with the use of this information.

References:

American Speech-Language-Hearing Association. (2004). *Evidence-based practice in communication disorders: an introduction* [Technical Report]. Available from www.asha.org/policy.

Dollaghan, C. A. (2007). *The handbook for evidence-based practice in communication disorders.* Baltimore: Paul H. Brookes.

Speech Pathology Australia (2014). Position Statement: Telepractice in Speech Pathology. Speech Pathology Australia: Melbourne.