

CIICA CONVERSATION: OUR EXPERIENCES OF TELE-PRACTICE

7 DECEMBER 2021

Chairs: Helen Cullington and Anita Grover

Introduction:

Anita Grover and Helen Cullington shared some thoughts about the impact of the pandemic on their services in the UK and Noel Kenely contributed about research done on attitudes to Tele-practice, and Candice Gray shared the challenges they had faced in setting up Tele-practice services in the pandemic and the experience pre pandemic with Tele-practice across the First Voice Network in Australia. The conversation included two CI users, and 9 service providers; from 6 countries.

General comments

While Covid has been the immediate context for the accelerated development of tele-practice, it has been used before Covid and we will not go back to a pre-Covid situation in terms of practice, whatever the trajectory of the virus. Hybrid services with a blended approach looks to be the way forward and will remain in the future. Therefore we need to do more to understand what best practice is and how to ensure it is used appropriately.

“Just because we can do a lot of things remotely now, doesn’t meant that we should do everything remotely.”

The pandemic has prompted a number of models to be tried and clinics and professionals are continually learning about what is appropriate, what can and cannot be done through this route. It is clear that tele-practice is not the same as simply trying to replicate face to face meetings. The pandemic has driven the pace of change – in spite of concerns or practical issues, for example security or data protection.

“Tele-practice is here to stay - and it’s about working out what works best for everyone to deliver the best outcomesaccepting that in some countries that may be difficult to deliver.”

“I think that people have become more confident in delivering and receiving remote services. ...before the pandemic, as clinicians, we tended to do things in one way because that’s how we had always done them. Now we are trusting people to deal with their own technology, to manage their own devices better themselves.”

“Technology has improved, things like auto captioning, is much much better.”

Although they are initially interested in the camera recording, after a while after placing the camera up and starting therapy, the children forget about the camera.

“Seeing a doctor or clinician remotely is just not the same as in person. And it may be better, it may be worse, but we can’t pretend that it’s the same.”

Challenges for services

“It was finding the right platform that we could use – we started with Skype, then Zoom then Teams. So it’s a lot of technology for therapists, and also for families to learn to use.”

In some countries, for example Turkey, tele-practice isn’t included in funding.

“There are so many additional things to be thought about I welcome anyone in the family into my sessions, but we have to say Let us know who is in the session, not to be recording the session unless we request it.”

“We ask are you being recorded by someone, is there anyone else in the home?”

There are consent forms developed to cover the issues: *“Our patients have to sign a long security form – that is a barrier for some.”*

Data security is an important issue, especially how to store and share the videos and personal information. IT department can be provided essential information for the therapist and/or families.

Issues for therapists: changing attitudes, practice and confidence

“We missed that physical connection with families: it’s probably why we get into the job we do.”

“It’s hard to read over the computer screen.”

“The pandemic brought instant changes and created high levels of stress for a lot of families and a lot of therapists. It was very new to us, a lot of us weren’t trained in the technology.”

“Our therapists were all struggling with the pandemic and their own families.”

Stress had to be managed at organisational level. . Therapist and families can feel “zoom fatigue”. Stress and case management should be offered to therapists.

At first people appeared very apprehensive but it got easier as confidence grows. And benefits:

“We get an insight into their life that you don’t see in a clinic environment. It can be very easy in the clinic to take over ...I find teletherapy gives you the opportunity to sit and observe and listen.....”

“We eventually went back to our face-to-face services, but we still offer teletherapy....”

“We created a facts-sheet for families in terms of this is what teletherapy entails and this is what face to face entails. Giving the families the option to consider what will be the best option for them.”

“As therapists, we need to be very flexible – they can change from face to face to online if having bad morning with the baby.”

“It’s given the opportunity to put the parents as the main sort of provider of strategies.”

"We are not trying to replicate what happens in the therapy room, but we are delivering the principles of the service but delivering it in a very different way. Over tele-practice you really lean into following the family needs..."

Germany: *"we decided not to work with the children over the screen. So the families, they make with their mobile phones, small videos of everyday routines and send that before to us to have a look. In tele-practice ...we talk with the parents together about what is running very very well and maybe give them some tips what they can improve and information on how the child is developing hearing and speaking."*

"It's the combination of both that is important."

"We really like to use these videos but we have to think about security, sending videos via the internet."

"If we are providing hybrid services how do we identify who needs which type of service and how they can ask for it?"

"How do we get the right care to the right people?"

"We need to ask them?"

But they don't know what they don't know...

Issues for parents: changing attitudes and confidence

The approach has been successful with many parents and adds flexibility and convenience for both parents, children and clinicians. It may be that as parents have got used to navigating online support with schools in lockdown and also using the internet for pupil support and teaching, this approach appears less novel than it might have done otherwise. However, initially in the pandemic parents had a huge amount to deal with.

"Parents, on top of having their children at home, working from home, then adding therapy services at home was met with a lot of negative comments towards it."

"The stress of not having to travel to the clinic with a little baby or screaming three year old is a massive stress release."

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A survey carried out in 2020 by Auditory Verbal found that prior to first lockdown, 60% of the families said they were unsure about the effectiveness of tele-practice. Four months into the pandemic, and the use of tele-practice, only 20% of families still felt unsure about the effectiveness, revealing a much greater degree of confidence in families, following their greater experience. This led to offering a choice:

"Families can have the option to come to the centre or to have just tele-practice or they can have hybrid or both."

Even young children today very confident with technology:

"I find that kids are so used to technologies these days, it doesn't seem to bother them so much."

For families of children with additional needs, tele-practice can be really useful – where travel is complex. Parents also worried about screen time and attention span of the children. When they learnt more about tele practice, they overcome their initial fears.

"In clinic (as a therapist) I am in charge; in Tele-practice I follow the families routines..they are leading..."

Key part of therapy is the opportunity for families to get together for mutual support and inspiration; how can that be managed via tele-practice?

"We had an online session for those groups, ... with song and a mat time and book share, and thenleave the families to have a chat and get together."

Issues for adults

For adults there are both benefits and drawbacks. For some, it is a good solution to multiple trips to the clinic that seem more focused on what the clinic needed rather than the implant user. It uses less time, and for some being in their own home gives them more confidence. It can enable more user control.

"For adults travelling to the CI centre is a big barrier for them in terms of time commitment and cost."

Tele-practice can help with this practical issue – for adults in work in terms of time off work, and for older adults who may have issues with travel.

However, for others using online services is difficult and they are not "at home" in this environment, cannot manage the technology, miss the personal face to face contact and some of the personal care and support that they get by meeting professionals.

There appear to be differing issues for older and younger adults. Younger adults seem keen on the tele-practice options.

"In terms of using the technology it is a very different experience for older adults. If we have had a remote appointment with an adult how do we know that the appointment has been successful just because it happened?"

"The digital divide has grown even wider"

"We offered tele-practice to 200 patients and none of them wanted that."

"We see that they feel very uncomfortable"

"Adults really love to come and have a conversation about their everyday life (and use of CI in that) and have someone who in front of them is feeling the person and this is a big part of their therapy That gave them very, very big support."

"In lockdown, those adults who often live alone, really look forward to the personal contacts"

There was discussion about what adults want from their appointments – whether face-to-face or remotely. The comment was made that adults may say “*I came because you asked me!*”

“Older adults mostly used smartphones but it doesn’t mean they are eligible for Tele-practice”.

Summary

The pandemic has accelerated the use of Tele-practice and much has been learnt about the benefits, the challenges and how services can adapt to best meet the needs of children and adults. In future, for both children and adult services therefore the development of Tele-practice needs to be clear about what can and cannot be achieved remotely and how best those tele-practice services can be delivered. Are there clear criteria for what is possible and desirable online from remote testing, fitting, mapping, ongoing support and do we have a clear idea about what the appropriate standards are and what outcomes can be achieved? We need to think differently about delivering services via Tele-practice and focus on the outcomes that we want to achieve. Tele-practice offers many benefits, as well as challenges and we need to carefully consider what balance of delivery works best for achieving the outcomes we want to see. We need to also move away from thinking that in person, in a centre, is always the best option.

There is also a need to look at wider practice issues especially for countries where medical insurance is a big issue. What needs to be in place to assure companies that tele-practice is an appropriate provision of service?

As with any service, Tele-practice should be built around and be sensitive to the needs of CI candidates and users. This needs careful planning and support and we need to find out more about their experiences and what is valued. The input from CIICA adult survey will be helpful.

“For me it was very “satisfying” that many different aspects came up and that the “drawbacks” of Tele-practice were openly addressed. Only when we are fully aware of these will we be able to make the best out of Tele-practice.”

We would like to hear from CIICA members about your experiences of Tele-practice during the pandemic and lessons for the future. Please join our conversation at

[Current Issues – CIICA \(ciicanet.org\)](https://ciicanet.org)