

# We're making it work! UKM'S Speech Sciences Programs' teleclinic experience in the time of COVID-19

**Yazmin Ahmad Rusli, PhD Sp-Lg Sc, Ohio, USA<sup>1,2</sup>, Fatimah Hani Hassan, PhD Sp-Lg Sc, Ohio, USA<sup>1,2</sup>, Siti Munirah Haris, BSc. Sp Sc, UKM<sup>1</sup>, Hafizah Mohd Azraai, BSc. Sp Sc, UKM<sup>1</sup>, Siti Nabihah Md Almi, BSc. Sp Sc, UKM<sup>1</sup>**

<sup>1</sup>Speech Sciences Program, Faculty of Health Sciences, Universiti Kebangsaan Malaysia, <sup>2</sup>Centre for Rehabilitation & Special Needs (ICaRehab), Faculty of Health Sciences, Universiti Kebangsaan Malaysia

## ABSTRACT

**This paper highlights issues, challenges, and lessons learnt from implementing a speech-language therapy teleclinic service delivery model by the Speech Sciences Program, Universiti Kebangsaan Malaysia (UKM) during the wake of the recent COVID-19 pandemic. The teleclinic service provision was initially started to help our student cohorts attain and complete the required direct contact speech-language therapy clinical hours for graduation during the pandemic. It has since evolved to be an integral part of the clinical practicum curriculum and a service delivery model that is here to stay. Although far from perfect, the program hopes to systematically continue our endeavours in telerehabilitation as one of our niche areas, realising the wealth of benefits that this service delivery model has to offer.**

## INTRODUCTION

Universiti Kebangsaan Malaysia's Speech Sciences program is a 4-year entry-level degree program for speech-language pathology (SLP); the first designed in the Southeast Asia region catering to the needs of individuals with speech, language, communication, and swallowing disorders across their lifespan. To date, the program has produced 21 graduating cohorts (with an estimate of over 300 entry-level speech-language therapists, SLTs) since the first graduating class in 1999.<sup>1</sup>

At the Audiology and Speech Sciences Clinic (KASP), UKM Kuala Lumpur, SLT services are provided primarily via service clinics by the program members or supervised student clinical practicums. All practicums are typically conducted via traditional face to face (FTF) sessions through individual and group/classroom therapy settings.

The abrupt transition to student's clinical practicums began when the pandemic hit mid-March 2020. We officially started our teleclinic experience by trialling three online therapy sessions with our final year students and interested clients and parents/caregivers for this purpose. All other clinics were put on hold during this time to give room for the program to embark on this new learning curve. The commentary follows on through three points of time from the start of the first movement control order (MCO) in March 2020- which are (i) the initial set up, (ii) issues mid-way in, and (iii) plans for the way forward.

**In the Beginning (Mid-March 2020; End of Semester 2, Academic Session 2019-2020)**

## Fitting teleclinic into the student clinical practicum curriculum

Telerehabilitation has been used by SLPs since before the pandemic, primarily for clients who have logistic difficulties in accessing services. Telecommunication technologies are used to deliver SLT services at a distance to connect the clinician to clients or their parents/caregivers, provided that the standard of care is assured to be on par with the gold standard FTF consultation.<sup>2</sup> The potential outcomes of telerehabilitation have been examined in assessing and managing selected developmental and acquired language and communication disorders, fluency, motor speech and voice disorders.<sup>3</sup> Despite the rapid expansion in research across these areas of SLP practices, telerehabilitation appears to be theoretically posited and not readily implemented in the local scene and the region.<sup>4</sup>

With the drastic shift from FTF to online learning in educational institutions nationwide, the Faculty of Health Sciences (FSK) encouraged all its programs to explore different means of alternative learning and evaluation modalities. Teleclinic intuitively followed suit as the service delivery model used to run student clinical practicums.

## Setting up and orientation

Immediate challenges posited were the setting up of infrastructures for teleclinic, specifically the hardware and software for both program members, who were by this time working from home, and students who were in their hometowns following the MCO. Compared to the prescribed decision making guidelines in implementing telerehabilitation, which are (i) determining the nature and type of telerehabilitation system required to provide the specific service, (ii) ascertaining staffing needs and training, (iii) evaluating the safety to and acceptability of patients, and (iv) determining to what extent the telerehabilitation service is valid and reliable when compared to the FTF modality, at this point of time, the program opted for a much more simplified view of telerehabilitation due to the pressing circumstances.<sup>5</sup>

Both program members and students teamed up to explore various online meeting platforms. The university's Undergraduate and Alumni Affairs Division took the lead in

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Corresponding Author: Yazmin Ahmad Rusli  
Email: yazmin@ukm.edu.my

supporting students at this stage to help kick start their online learning needs (i.e., liaising B40 students with Zakat UKM for purchasing laptops, supplying start-up prepaid cards to all students for Wi-Fi services etc.).

In order to familiarise themselves with the clinical process in telerehabilitation, the program welcomed resource persons in the field- a few private practitioners who have had some experience conducting teleclinic (even though not as their primary service delivery model) for a sharing session. Four months into the pandemic, on 28 July 2020, the program hosted our first webinar on *The impact of COVID-19 on SLT practices in Malaysia*. Representatives from the program, private practices, public hospitals, and a final year student clinician who had completed the teleclinic trial run exchanged views on using teleclinic, describing the feasibility, benefits and troubleshooting roadblocks together. Peer learning ensued with the pairing of student clinicians within and across cohorts in subsequent clinical practicums.

### **The supervisory and administrative experience**

Typically, supervision in SLP progresses on a continuum that warrants change over time in the amount and type of involvement of both supervisor and student clinician. As the student progresses from novice to independent in managing cases, the supervisor shifts roles from directive (*evaluation-feedback stage*) to consultative (*self-supervision stage*).<sup>6</sup>

Throughout the initial teleclinic sessions, we had the opportunity to experience learning collaboratively, from structuring to implementing an SLT session. Most times, students took the lead and showcased outstanding autonomy. They exercised independence, especially in researching, experimenting and building therapy resources. Since all practicums were conducted in-house and supervision was taken on only by the program members, the supervisory workload was at its highest with each academician and in-house clinician taking on double or triple their typical student supervision load.

On the administrative side, since the Speech Sciences Program was the first to opt for teleclinic, the program's clinicians were instrumental in preparing the standard operating procedures (SOP) (adding on the necessary COVID-19 precautionary measures) not only for the program but for all clinical programs in the faculty. For KASP, these included: (i) guidelines on overall client management, (ii) procedures in client management, (iii) client registration procedures, and (iv) revised clinic policies; whereas the SOPs for the faculty's online sessions comprised of: (i) guidelines on payment, (ii) client registration procedures, and (iii) procedures on managing clients. The program also initiated an online teleclinic resource library via collating essential readings, learning resources, assessment and therapy materials from program members and students. This database utilised free bio link tools such as the Linktree™, Google Drive, and the university's Microsoft Teams. This basic essential setup made the process more predictable and helped supervisors, student clinicians and their client's parents/caregivers navigate the initial flow of the teleclinic sessions.

**The teleclinic experience with clients and parents/caregivers**  
The experience of moving clinical practicum online produced

unexpected benefits as well as drawbacks. The working paradigm then for both parents/caregivers was similar to that of the supervisors- we were all juggling between work and family, which meant that there were varying readiness levels in the session, yet more empathy emerged from this. Students had the opportunity to relate first-hand to these observations, circumstances, and feelings, which allowed them to become more understanding than how they typically would in FTF sessions. For some, it bolstered their conversational skills when playing the consultant role in therapy with parents/caregivers. However, others persisted primarily with prescriptions and directives to maintain control or keep the session going.

Building rapport with young children via online platforms was also a challenging feat.<sup>7</sup> In FTF sessions, together with the clever selection of toys and engaging activities, proximity becomes an ally in bonding. In teleclinics, student clinicians capitalised on parallel play (with both student and their client and parents/caregivers playing alongside each other using similar sets of toys/materials), and screen activities (e.g., Microsoft PowerPoint presentations, YouTube, green-screen effects, free or paid online speech and language websites/applications etc.). Students were able to exercise creativity as they would in preparing for FTF sessions. However, the successful outcomes of a teleclinic session with young children really depended on how well parents/caregivers were able to take on the therapist's role-playing, interacting, and facilitating their child's learning in the session.

Overall, teleclinic provided (i) ease in access to therapy sessions (i.e., parents/caregivers who were at work could attend their child's therapy session separately through the designated online meeting platforms), (ii) flexibility in scheduling appointments and minimal hold-ups (e.g., traffic, bad weather), (iii) the convenience of being at home (i.e., clinicians are able to observe the child in their most natural setting instead of the artificial set up at the university clinic), and (iv) more understanding of- and hands-on practice on key teaching strategies relayed in therapy. Students were required to really know what, how and why they do what they do by guiding parents/caregivers in teleclinic sessions.

### **Mid-Way In (October 2020; Semester 1, Academic Session 2020-2021)**

By this time, the university was able to open its doors to clinical students who were required to complete their practicum in-house or at external clinical placements around Selangor and Kuala Lumpur vicinity. FTF sessions resumed. When the MCO was reinstated in January 2021, the program fell back to teleclinics (even for service clinics) and expanded the clientele to include adults.

### **Getting parents/caregivers onboard**

For one and a half semesters, students were primarily getting their clinical training through the university clinic. Subsequently, a few external clinical practicum sites started to join the teleclinic bandwagon. For adults clients, the reception of teleclinics was good. Clients reported that they valued how much they saved on travelling (i.e., time, expenditures, effort) for FTF appointments when they can benefit equally in teleclinic sessions. In turn, there were high

rates of client turnovers following the initial teleclinic trials for cases of childhood speech-language disorders. It was either due to the family's commitments at the time, relocation due to MCO, or dropouts (seeing that not all parents/caregivers continued to be in favour of teleclinic sessions). Many still sought FTF sessions, claiming that their child would attend and respond better to the 'clinician', hence benefit more from therapy. This response resonated with findings from studies abroad, whereby doubts on the effectiveness of telerehabilitation is usually the chief reason for the client's refusal of teleclinics.<sup>8</sup>

Realistically, telerehabilitation is not a one size fits all solution. The understanding of key components of teleclinics, i.e., characteristics of the environment and client selection (ruling out severe physical, cognitive, sensory and communication limitations which may affect the client's ability to participate in teleclinics) indefinitely contributes to the outcomes of telerehabilitation.<sup>8</sup> However, with the second MCO in place and the university closed, the program was only able to either offer teleclinic appointments or refer the clients to other available/preferred SLT services.

As an effort to relay information to the public and professionals and promote and continue signing in interested clients and parent/caregivers into the student clinical practicum, the program organised two more webinars on (i) *'What is Speech-Language teletherapy? A guide for Parents'* (9 October 2020), (ii) *'Teletherapy and e-Learning: Creating Your Own Materials'* (17 March 2021).

**Major ongoing challenges**

Key challenges continues to be helping students meet the minimum required training hours and managing a variety of cases due to limited external clinical placement. Another is ensuring confidentiality, as it would require investing in a dedicated server to store reports and other client data. The changes would require modifications to existing SOP and considerations in future planning and budget allocations at the program and participating external clinical practicum sites.

Inadequate infrastructure and the stability of internet connectivity is another issue.<sup>7</sup> This breakdown could either be at the therapist/student clinician or client's end. Although all data collated are used for educational purposes, the students use their personal internet lines and devices, compromising client confidentiality. On the client's end, there are families or individuals with disabilities who do not have the resources (be it device or connectivity) to partake in teleclinic sessions.

Most resort to rudimentary online communication applications such as WhatsApp and Telegram, which are not able to fully support the functions of mainstream online meeting platforms.

**Future Directions- What's Next for Us? (October 2021 onwards; Semester 1, Session 2021-2022)**

With the substantial preliminary data conducting teleclinic acquired this past 1 ½ years, the program now has sufficient data to begin evaluating and deciding future trajectories of teleclinic services in our teaching and learning and research activities. The program is also ready to initiate and resume existing collaborations that have been put on hold following the pandemic. Telerehabilitation has not only helped us solve our initial pressing issue regarding the student clinical practicum. It has ultimately opened doors for us to go one step further on a route that has been there in the field yet not always considered.

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