IASLT

Supporting Student Speech and Language Therapy Placements in the Context of COVID-19:

A Practice Educator Guide to a Blended Approach.

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IRISH ASSOCIATION OF SPEECH & LANGUAGE THERAPISTS
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FOREWORD

The Irish Association of Speech & Language Therapists (IASLT) endorses the use of a blended approach as a means of facilitating and supporting student SLTs during clinical placements. This includes traditional methods such as supervising face-to-face sessions and case-based discussions, in addition to newer methods such as supervising telepractice sessions.

IASLT members who provide services via telepractice are expected to adhere to IASLT's Code of Professional Conduct and Ethics in supervision of student SLTs. IASLT members shall base telepractice on best evidence and encourage ongoing research in the field.

SLTs hold expert training and experience in human communication and swallowing disorders; this authoritative knowledge is developed through clinical practice across the broadest range of settings and opportunities afforded to student SLTs. Where clinically appropriate, telepractice is a valued addition to SLTs' service provision and also plays a key role in re-framing approaches to practice education. Nevertheless, it cannot completely replace face-to-face clinical opportunities for student SLTs.

As new challenges emerge from the COVID-19 crisis, this document is hoped to support adaptations in practice in the context of the current pandemic.

IASLT Education Board
August 2020

Introduction

The practice education of student speech and language therapists has a long tradition of support and dedication from IASLT members and the SLT community. As the profession now emerges from the Covid-19 crisis and adapts to practice in a new context, that dedication and commitment will be critical in overcoming new challenges by re-framing how we approach practice education.

The SLT profession globally has responded rapidly and creatively to Covid-19, and a shared knowledge base has been constructed that underpins new ways of working clinically and new ways of supporting practice education. As Henry David Thoreau stated: *"Things do not change; we change".*

This document is a resource for IASLT members and Practice Educators to pool the existing evidence base on how practice education can be supported in line with current government and HSE guidelines. This guide provides information on how we can change and modify our approach to placements to ensure students continue to develop professional and clinical competencies and progress to enter our esteemed profession. It provides guidance on a blended approach to facilitating student placements in three key areas:

1. *How to involve students in telepractice*
2. *How to support the development and evaluation of the national professional and clinical competencies through simulated-based learning, case-based discussions, and other client-related activities*
3. *How to involve students in face-to-face sessions while adhering to government and HSE guidelines*

Overview of Student Placements

All student speech and language therapists are required to complete 450 hours of clinical practice in order to be eligible to graduate and register with CORU to practise as a Speech and Language Therapist (CORU 2019). This recommendation is echoed by IASLT's Education Board which also accredits university programmes.

Placements aim to facilitate the integration of theory with practice and the development of students' professional and clinical competencies (McAllister & Nagarajan, 2015). Placements are viewed as an essential means of supporting students to acquire the standards of proficiency for the profession and ultimately develop into safe and competent clinicians (CORU, 2014). They provide an opportunity for students to apply learning from the classroom to real clients, develop discipline-specific and cross-disciplinary skills, socialize into our profession, and be immersed in the dynamics of a clinical learning environment to hone essential clinical reasoning and therapeutic skills (McAllister et al., 2011; O'Brien et al. 2019).

The IASLT (2015) Code of Professional Conduct and Ethics states that members have a "professional responsibility to facilitate the development and education of students" (p.10). Likewise, the CORU (2019) Code of Professional Conduct and Ethics identifies the support of student education as a core responsibility of registrants. Domain 15 states that registrants should "assist, advise and support… students" and domain 16 recommends that registrants should "teach, supervise and assess students" (p. 20). IASLT and its members have a strong and consistent record of supporting student placements. We hope this guide supports this continued support.

Section 1: Guidance on how to involve students in telepractice

The IASLT (2020) *Statement on Telepractice* supports telepractice as a service delivery model, where is it based on current evidence-based practice, adheres to the CORU and IASLT Code of Professional Conduct & Ethics and other guidelines, and is at least equivalent to standard clinical care. This statement also sets out useful direction on factors to consider when providing services via telepractice (e.g., consent, privacy, environment). IASLT members are advised to consult its content.

The following sections provide a brief review on how student SLTs have been previously successfully involved in telepractice and ways that they can be supported. Based on lessons learned from these experiences, guidelines for IASLT members on how best to involve students in telepractice in Ireland are outlined.

Review of how student SLTs have been successfully involved in telepractice

There is established support internationally for student SLTs to be involved in telepractice as part of their undergraduate education (e.g., ASHA, 2020; Speech Pathology Australia, 2014). Student SLTs have been involved in telepractice with great success through a continuum of means (e.g., Grogan-Johnson et al., 2011). Likewise, Practice Educators have provided a continuum of supervision through telepractice (e.g., Carlin et al., 2012; Carlin et al., 2013; Dudding & Justice, 2004; Nagarajan et al., 2016). There have been several potential benefits and barriers identified.

Support for student involvement in telepractice

Many SLT professional bodies internationally support student involvement in telepractice. For example, Speech Pathology Australia's (2014) *Position Statement on Telepractice in Speech Pathology* supports educational opportunities that are offered through telepractice. Likewise, ASHA (2020) has stated there is no cap on the number of hours that can be earned through telepractice for student certification purposes, as long as students are supervised by a suitably qualified SLT.

Potential benefits of student involvement via telepractice

Student Learning

- Offers a similar learning experience to being supervised in person (Carlin et al., 2012; Carlin et al., 2013; O'Shea et al., 2015)
- Can be used to support development of diverse clinical competencies, from developing clinical goals, refining assessment and management skills, observation of SLT, analysing assessment and therapy sessions, verbal reporting, sharing information in relation to ethical, legal and regulatory aspects of professional practice, research skills (Carlin et al., 2012; Nagarajan et al., 2016)
- Increases student's access to Practice Educators and diversity in placements and client groups (Carlin et al., 2012)
- Students prepared for realities of current practice (telehealth) and use of technology professionally (Conn et al., 2009)
- Fosters more independence and critical thinking, through applying knowledge in new circumstances (Carlin et al., 2012)
- Students perceive a greater sense of autonomy and independence, and consider the experience to be less threatening and less intrusive as they often forget they were being observed (Carlin et al., 2012; Dudding, 2004)

Efficiencies

- More convenient, flexible, and less travel time (Carlin et al., 2012)
- Time and cost effective (Dudding & Justice, 2004)
- Multiple students may participate/observe the same session (ASHA, 2020)
- Students can help with move to telepractice (e.g., developing explanatory videos or information leaflets, developing resources suitable for telepractice) (Gill, 2020)

Suitability of IT platforms available

- Technology easily facilitates student to be part of the telehealth session (O'Shea et al., 2015)
- Students can be easily invited into sessions on IT platforms (e.g., Attend Anywhere, WebEx, Microsoft Teams etc.)

Health and Safety

- Can adhere to national public health advice in relation to Covid and social distancing, yet enabling direct client contact (IASLT, 2020)

Potential barriers of student involvement via telepractice

Supervisory Relationships

- May alter supervisory relationship as videoconferencing changes the way information is exchanged between student and PE, for example less spontaneity, informal chat, and more task-based communications (Laughran & Sackett, 2015)

Student Learning

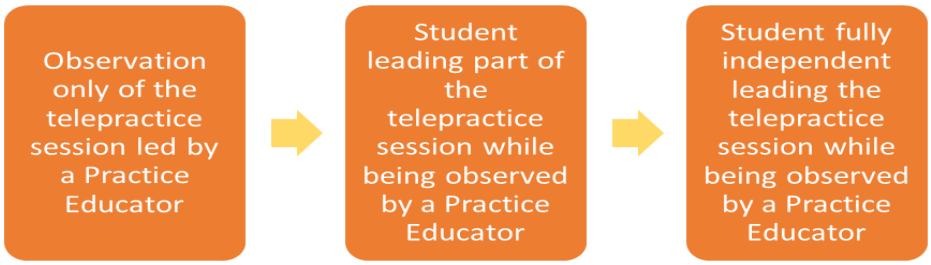
- May be more challenging to demonstrate and model through direct, multi-sensory instruction (Chipchase et al., 2014; Dudding & Justice, 2004)
- May be more difficult to support certain clinical competencies (e.g., working with subtle speech sound errors, rapport building with clients, observation working in a range of contexts) (Carlin et al., 2012)
- Limited observation of some clinical contexts and clinical competencies (Carlin et al., 2012; Dudding & Justice, 2004)
- Extra time and preparation in advance to share plans and resources that will be used (Dudding & Justice, 2004)

IT

- IT/wifi issues and students who do not have high levels of IT literacy or have access to necessary IT equipment (e.g., webcam/microphone) (Carlin et al., 2012; Carlin et al., 2013)
- Bandwidth and wifi connection issues (Dudding & Justice, 2004)

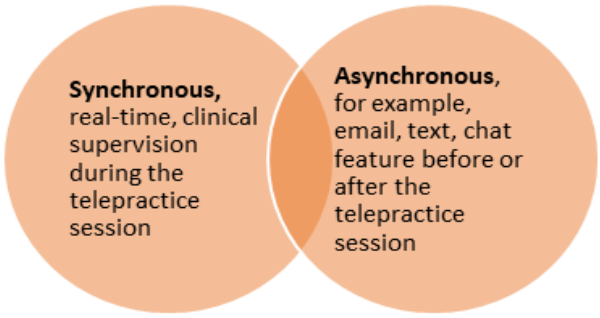
Continuum of student involvement in telepractice

Student involvement in telepractice has spanned typical placement structures and practices along a continuum of:



Continuum of Practice Educator supervision via telepractice

Supervision from Practice Educators via telepractice ranges from synchronous to asynchronous:



Guidelines for IASLT members to involve students in telepractice

There are numerous parallels between involving students in a face-to-face assessment or therapy session and involving students in a telepractice session.

Criteria	Student Involvement in Face to Face SLT session	Student Involvement in Telepractice session
Student – Practice Educator Relationship is established and nurtured	✓	✓
IASLT and CORU Code of Professional Conduct and Ethics is always adhered to	✓	✓
Environment for the session is professional and person-centred	✓	✓
IT equipment and software are essential	X	✓
Student preparation for the session is paramount	✓	✓
Feedback is provided to the student before, during and after the session	✓	✓

Checklist for Practice Educator involving students in telepractice

Student – Practice Educator Supervisory Relationship

- o The supervisory relationship has been established in advance of the telepractice session. For example, you have arranged a face to face or virtual supervision session
- o This new way of working has been acknowledged and you have agreed to navigate the journey together

Code of Professional Conduct and Ethics

- o It has been highlighted that both students and Practice Educators will be adhering to all aspects of the CORU and IASLT Code of Professional Conduct and Ethics before, during, and after telepractice sessions
- o The client has provided informed consent for student involvement in the telepractice session
- o A protocol has been agreed to ensure privacy & data protection before, during and after sessions (e.g., submitting session plans or management plans via email using a

Environment

- o A clear protocol for the student's virtual environment has been agreed. This may include:
- o Lighting - bright enough for client to see your face, don't sit with back to window
- o Background - remove any clutter and distractions or personal items from background

IT

- o The student has access to necessary IT equipment (e.g., laptop/PC, web camera, speaker, microphone, adequate bandwidth)
- o The student has been asked to ensure all other software applications not needed for the telepractice session are closed (e.g. gmail, Facebook) to avoid notifications coming into view
- o The student has been familiarised with the web-based platform that will be used (e.g. Attend Anywhere, WebEx, MS Teams etc)

Preparation for telepractice session

- o The student's role for the individual telepractice session has been agreed (e.g., observe vs lead part of session)
- o Role play has been used to support adaptation of therapeutic skills for online environment (e.g., making eye contact with camera, greater emphasis on active listening skills, greater clarity with instructions)
- o The student has been asked to send all session plans well in advance to review, including task, interaction, online resources/other resources & IT planned to be used, client response intended

Feedback during and after the telepractice session

- A hybrid of both synchronous feedback (in 'real time' through verbal communication or chat feature) & asynchronous feedback (before or after the session) has been agreed
- A contingency plan has been made in case of technological difficulties (e.g., email or exchange phone numbers to call or text)
- A feedback session has been scheduled for after the telepractice session, aligned with typical evidence-based practices for feedback (i.e., balanced, objective,

In a webinar organised by IASLT in July 2020, **Dr. Jemma Skeat from the University of Melbourne**, provided some useful resources and direction for supporting students to prepare for telepractice sessions, in particular telepractice clinical skills such as rapport building and session planning.

Advice for Students on Rapport Building via Telepractice

- Look at the camera and not at the screen
- Prepare an 'icebreaker' game
- Share a little about yourself
- Make use of technology and parent/carer to support engagement
- Have a back-up plan if you can't see what the client is doing/holding
- Practise, practise, practise using role-play or peer support

Session Planning

When planning the telepractice session, break down each component of therapy as illustrated by Theodoros (2018):

Task	Interaction with Client (Asynchronous or synchronous)	Stimuli Needed (e.g. links, pictures, apps, whiteboard…)	Client Response Expected (e.g. verbal, non-verbal, chat feature…)	Technical Functioning (e.g. Attend Anywhere, laptop, screen share, web link…)
Pre-session				
During Session				
During Session				
During Session				
Carryover Activities				

Section 2: Guidance on how to support the development and evaluation of the national professional and clinical competencies through simulated-based learning, case-based discussions, and other client-related activities

Simulated-based Learning/ Case-Based Discussions/ Client-Related Activities

Simulation-based learning imitates the reality of clinical practice to create a safe and supported student learning environment (Hewat et al., 2020). It facilitates students' ability to practice and develop clinical competencies without risk to themselves or clients. It has been reported that speech and language therapy students achieved a statistically equivalent level of competency when an average of 20% of their placement time was replaced with simulation-based learning, compared with students without a simulation component (Hill et al., 2020). Therefore, it is not surprising that over half of speech and language therapy undergraduate and graduate programmes in a US survey reported the use of simulation-based learning to support practice education (Dudding & Nottingham, 2018).

Of great importance when including simulation-based learning in a blended approach to placement provision is the importance of maintaining authenticity, selecting appropriate cases and mode of simulation, and mapping simulation learning objectives onto clinical competencies and student evaluation (Hewat et al., 2020). Our national student professional conduct and clinical competency evaluation framework lends itself to the inclusion of simulation-based learning.

Irish National Student Professional Conduct and Clinical Competency Evaluation Framework

The Irish national student professional conduct and clinical competency evaluation framework was developed in partnership with members of IASLT, practising speech and language therapists, speech and language therapy managers, practice educators, practice tutors, regional placement facilitators, practice education coordinators, and students. It consists of 10 professional conduct competencies and 20 clinical competencies (table 1). This national evaluation framework aligns closely with the CORU standards of proficiency for the profession and is the framework used by all speech and language

therapy undergraduate and postgraduate programmes in the Republic of Ireland (i.e., Trinity College, University College Cork, National University of Ireland Galway, and University of Limerick).

Table 1: National student professional conduct and clinical competency evaluation framework

Professional Conduct Competencies	
1	Behaves with honesty and integrity before, during and after practice placements in all placement-related matters.
2	Demonstrates respect for the rights and dignity of all through professional communication with clients, families and relevant professions.
3	Carries out duties in a professional and ethical manner complying with professional codes of conduct and ethics.
4	Manages health and well-being to ensure both performance and judgement are appropriate for practice.
5	Demonstrates respect for the supervisory process by seeking and responding to feedback.
6	Engages in reflection and reflective practice; critically self-appraising and working to develop own professional competencies.
7	Demonstrates effective time management i.e. meeting deadlines and punctuality
8	Adheres to all legislation related to data protection, confidentiality and informed consent
9	Adheres to placement provider's policies, procedures, protocols and guidelines in areas such as health and safety, infection control, record keeping, risk management, etc.
10	Presents an appropriate personal appearance conforming and adhering to all practice placement policies regarding dress code, jewellery and cosmetics.
Clinical Competencies: clinical assessment and planning for communication and swallowing disorders	
1	Collects and collates relevant client-related information systematically from case history, interviews, and health records.
2	Applies theory to practice in the selection of formal and informal assessment procedures and tools appropriate to clients' needs, abilities and cultural background.
3	Administers, records and scores a range of assessments accurately.
4	Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information.
5	Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical knowledge.
6	Makes appropriate recommendations for management based on a holistic client profile.
7	Demonstrates understanding of the indicators and procedures for onward referral.

8	Reports assessment findings orally in an appropriate professional manner to client / carer and team members.
9	Presents accurate written client reports conforming to professional and legal guidelines and appropriate to the needs of all recipients.
10	Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision making and informed consent.
Clinical Competencies: intervention for communication and swallowing disorders	
11	Demonstrates the ability to consult and collaborate with clients / carers when developing management plans.
12	Determines care pathway for clients based on client needs, service resources and the professional evidence base.
13	Recognizes the roles of other team members and consults and collaborates appropriately to develop and implement client management plans.
14	Writes holistic management plans incorporating short- and long-term goals in session, episode and discharge plans.
15	Maintains precise and concise therapy records, carries out administrative tasks and maintains service records.
16	Implements therapy using theoretically grounded, evidence-based techniques and resources.
17	Introduces, presents and closes all clinical sessions clearly in a client-centred manner.
18	Demonstrates appropriate communication and therapeutic skills during all interactions including: Observes, listens and responds to client/carer. Uses appropriate vocabulary and syntax. Uses appropriate intonation, volume and rate. Uses appropriate modelling, expansions and recasting. Uses appropriate and varied prompts and cues.
19	Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.
20	Continuously evaluates intervention efficacy and modifies intervention and discharge plans as required.

Many of the professional and clinical competencies listed above can be **developed and assessed through simulation, case-based discussions, hypothetical scenarios, and other client-related activities while the student is on placement.** Many can be readily adapted for telepractice.

Competency No.	Student activity to develop and demonstrate the competency
No 2: Applies theory to practice in the selection of formal and informal assessment procedures and tools appropriate to clients' needs, abilities and cultural background.	•Student develops an informal assessment protocol •Student reads a client file and determines two appropropriate standardised assessments to administer with the rationale for each
No 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information	•Student is provided with an anonymised assessment form to score and interpret •Student creates a list of strenghts and areas yet to develop based on the assessment results
No 5: Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical knowledge.	•Student researches a specific communication or swallowing disorder, and creates an information leaflet to help differentiate it from other related difficulties (e.g., articulation vs phonological disorder)
No. 6: Makes appropriate recommendations for management based on a holistic client profile. No. 14: Writes holistic management plans incorporating short and long term goals in session, episode and discharge plans	•Student creates a management plan based on client's file with reference to the evidence base and person-centred principles
No 9: Presents accurate written client reports conforming to professional and legal guidelines and appropriate to the needs of all recipients.	•Student produces written report conforming to professional and legal guidelines and written using strengths-based language
No 20: Continuously evaluates intervention efficacy and modifies intervention and discharge plans as required.	•Student selects appropriate evidence-based outcome measures across all domains of the ICF framework for a specific management plan

There are also many freely available resources on the Speech Pathology Australia website as part of the Simulation-Based Learning Program led by Dr. Anne Hill at the University of Queensland. These resources can be accessed by clicking this link.

Section 3: Guidance on how to involve students in face-to-face sessions while adhering to government and HSE guidelines

IASLT recommends that any student involvement in face-to-face therapy sessions in the context of Covid-19 should adhere to the same guidance as provided to IASLT members in the *Returning to Face to Face Contacts: Framework to Support Decision Making Document. Working document Version 1* published in June 2020 (IASLT, 2020b).

That is, students can be involved in face-to-face therapy sessions if:

- ✓ Current government and HSE guidelines are adhered to (e.g., physical distancing, hand hygiene, respiratory and cough etiquette)
- ✓ HSE guidelines on infection prevention and control are adhered to appropriate to the service (e.g. PPE, decontamination of resources after use).
- ✓ All domains of the IASLT and CORU Code of Professional Conduct and Ethics are adhered to (e.g., informed consent from client)
- ✓ All reasonable measures to mitigate any risks and fulfil obligations are in place (see page 7-10 of IASLT (2020b) *Returning to Face to Face Contacts: Framework to Support Decision Making Document*)

Students should review and be familiar with any local guidelines as set out by the organisation where they are undertaking their placement

In addition, the Chief Clinical Officer of the HSE, Dr. Colm Henry, supports the resumption of clinical placements if specific infection prevention and control requirements are implemented (see circular dated 13th July 2020). In line with this HSE guidance, students now complete the following preparation in advance of placement:

- ✓ Complete online HSELand courses and HSA e-learning modules relevant to infection prevention and control (i.e., Hand Hygiene for HSE clinical staff, Breaking the Chain of Infection, PPE training in the acute and community setting, Introduction

to Infection Prevention and Control, Managing Health and Safety in Healthcare: chemical agent hazards, and 'Your Safety, Health and Welfare in Healthcare').

- ✓ Watch the HPSC videos on how to put on and take off Personal Protective Equipment (PPE) and review the IPC Guidance including IPC COVID-19 Guidance and educational videos on www.HPSC.ie/infection control/
- ✓ Read the IASLT Covid 19 Guidance.
- ✓ Cease working in any clinical environment (e.g., nursing home, residential centre, hospital) two weeks prior to starting placement (and for the duration of placement) (TCD & UCD, 2020).
- ✓ Declare before/when they present for placement that they are free of key symptoms of Covid-19 and confirm that they will not attend placement if they have any symptoms.

There are many ways in which **students may support modifications to practice necessary to adhere to Covid-19 guidance and provide face-to-face SLT sessions.** These can be found in *Returning to Face to Face Contacts: Framework to Support Decision Making Document. Working document Version 1* published in June 2020 (IASLT, 2020b).

Other examples, depending on local SLT department protocols, may include:

- Students may phone client in advance to explain what will happen when they attend for their appointment and complete a risk assessment (e.g., determine if client has had any recent Covid-19 symptoms)
- Students may create information leaflets or videos to explain infection control procedures that will be required from the client
- Students may follow up with other members of the multi-disciplinary team to gather relevant information
- Students may provide feedback to clients over the telephone after the face-to-face session
- Students may design relevant resources and materials for face-to-face sessions

Authors

Duana Quigley, Practice Education Coordinator, Trinity College Dublin

Yvonne Lynch, Assistant Professor, Trinity College Dublin

Sarah Scott, Regional Placement Facilitator, HSE Primary Care Dublin North County

Aoife Mhic Mhathúna, Regional Placement Facilitator, HSE Primary Care Dublin South

Sara Brennan, Practice Tutor, Beaumont Hospital

Emer Foley, Practice Tutor, St. James' Hospital

Marie Cox, Practice Tutor, National Rehabilitation Hospital

Jessica Sinclair, Practice Tutor, Mater Hospital

Olivia Ward, Practice Tutor, Enable Ireland

Rita Linehan, Practice Tutor, Enable Ireland

Jenny Neary, Practice Tutor, Central Remedial Clinic

Rena Lyons, Senior Lecturer, National University of Ireland, Galway

Laura Loftus, Practice Education Coordinator, National University of Ireland, Galway

Kerrie O'Grady, Practice Education Coordinator, University College Cork

Francoise Kiely, Practice Education Coordinator, University of Limerick

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