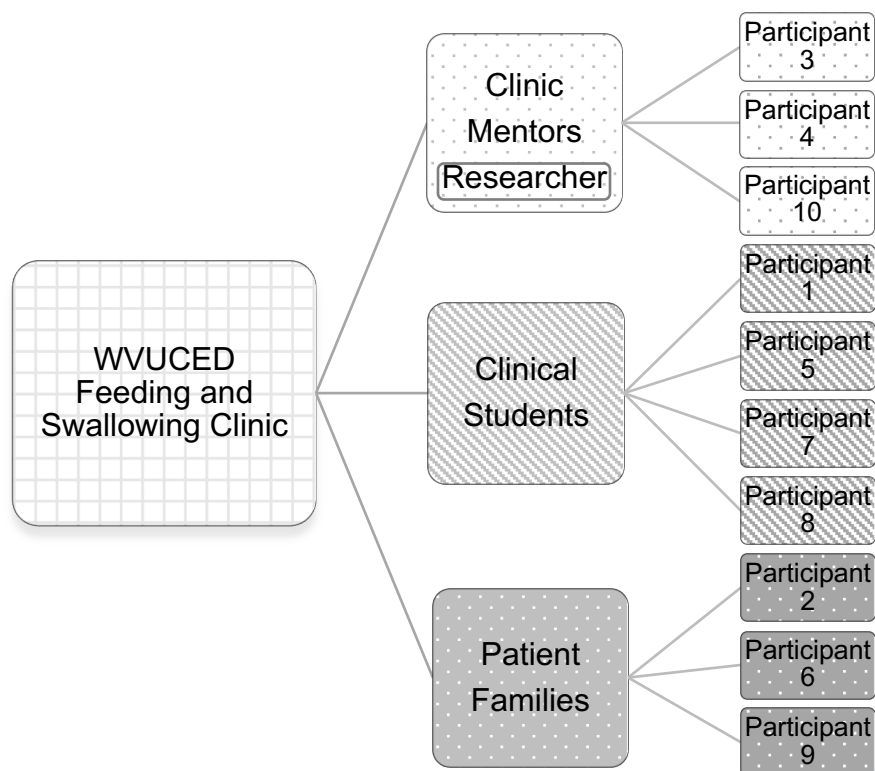


Emergent Online Clinical Learning Theory & Telehealth Pedagogies during COVID-19:

An In-Depth Case Study

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This dissertation was completed as a site of practice case study of the WVUCED Feeding and Swallowing Clinic's obligatory shift to full remote service provision secondary to the coronavirus pandemic response. The goal of the study was to use the experiences of individuals at Feeding Clinic during COVID-19 to inform limited practice standards for telehealth and online clinical learning. Three participant groups, clinic mentors, clinical students, and patient caregivers, were used to organize the 10 participants in this study. In addition, the researcher provided first-person narration as the speech pathologist on the Feeding Team throughout the period of study.



Informed practices for telehealth and remote clinical learning emerged from the reflective experiences of study participants during the COVID-19 response at the WVUCED Feeding and Swallowing Clinic:

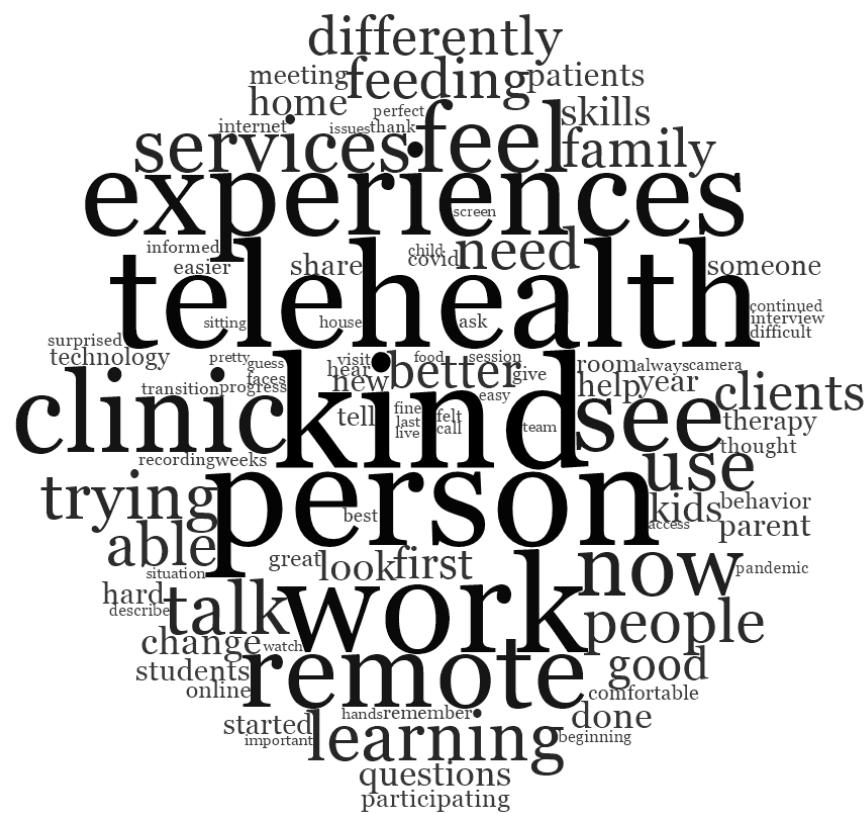
1. ***A learning curve existed during the implementation of telehealth.*** In this study, all 10 (100%) participants described an arc of increasing telehealth acceptance and competency across their yearlong experience with the new service modality. In addition, all 10 (100%) participants recommended a continuation of telehealth in the future.
2. ***Findings from this study indicated telehealth and remote clinical learning increase participant access.*** Remote services provision allowed study participants to engage in telehealth even during a pandemic. For one family who lived rurally, telehealth was their only available access point for feeding services.
3. ***The responsibility of preparation was much greater for parents during telehealth sessions than for more traditional face-to-face intervention.*** All three families in this study expanded on their preparation routines. Families had to complete food preparation, charge devices, and make sure their children were ready for sessions.
4. ***During telehealth sessions, parents took on a much more hands-on role than during more traditional face-to-face intervention.*** All three families (100%) in the study repeatedly discussed their hand-on involvement with their child's telehealth feeding sessions.
5. ***Parent training was effective via telehealth.*** Thus, telehealth sessions often take on a coaching model where the clinician directs and the parents implement. One mentor and two students in this study discussed the effectiveness of telehealth as a modality for

parent training. Additionally, all three (100%) families discussed how parent training was important to them during their children's telehealth sessions.

6. ***Equitable access to reliable internet was required for successful telehealth implementation.*** The success of telehealth in the treatment of PFDs hinges on accessibility and a user-friendly platform. In turn, telehealth participation requires accessible and reliable internet access.
7. ***Telehealth was an effective delivery model for feeding intervention and remote clinical learning.*** All 10 (100%) study participants identified telehealth as an effective modality for feeding intervention.
8. ***Families were highly motivated to participate in effective treatment from their homes.*** All families (100%) in this study expressed feeling thankful for having telehealth as a treatment option from their home. All mentors (100%) shared surprise in how engaged families were in telehealth services.
9. ***Ethical guidelines for telehealth were lacking.*** Three students (75%) and two mentors (66%) discussed the need for more specific ethical best practices in telehealth.
10. ***A hybrid approach was required to ensure patient-centered service delivery.*** To ensure ethical treatment measures, all participants in this study (100%) recommend a hybrid model for feeding intervention.
11. ***Environmental distractions inhibited telehealth and remote clinical learning.*** From pets and toys to housemates and technology glitches, participants from all three study groups reported various environmental distractions decreased attention during telehealth and remote learning. After reducing distractions, participants reported feeling more engaged in telehealth and remote clinical learning.

12. *Remote clinical learning facilitated learner autonomy.* Again, participants from all groups in this study reflected on taking responsibility for their own learning during remote clinician services.

Word frequency from participant interviews was used to develop this figure. The more a word was used by participants, the larger and bolder the word appears in the word cloud.



Moving forward, the results from this study will help shape the structure of telehealth and online clinical learning for students across clinics and programs here at the CED. Prior to COVID-19, telehealth equipment was in place and ready to use here at the center. Unfortunately, the technology was not often utilized. Now we have guidance for telehealth and online clinical learning that emerged specifically from the clinical practices here at the CED.