



Best Practices for Online Clinical Sessions

Context

Ummeed has been conducting clinical sessions (diagnosis, assessments, therapies, consults) since its inception in 2001. Almost all of these were face-to-face, a very small percentage being online and done in exceptional circumstances.

The COVID-19 lockdown that started in the latter half of March 2020 forced many organizations to rapidly adapt and innovate. For Ummeed, a big part of the adaptation was conducting our clinical sessions online. Initial hesitation from families for this shift has now been at least partially overcome. We realize that some part of what we do in therapy requires direct engagement with the child and family face to face, but we also now know that there are many other components that can be delivered effectively online.

Introduction to this document

As Ummeed's diverse team of pediatricians, autism intervention specialists, counsellors, occupational therapists, physical therapists, social workers, speech therapists, special educators, and others adopted the online route for conducting clinical sessions, there have been plenty of learnings along the way. The team made sure that we were regularly meeting and sharing these learnings with each other.

This document describes some best practices involved in conducting online clinical sessions/teleconsults.

Format of the subsequent sections

The first section below is about the preparing effectively for an online clinical session.

The second section describes best practices for the actual conduct of the session online.

The third section describes some post-session activities that can be undertaken.

The fourth section describes some alternative clinical models for online delivery (e.g., groups, fun clubs).

The last section highlights some insights from Ummeedians about online clinical sessions and other factors such as looking after ourselves as clinicians.

Preparation before the clinical session

The following are the logistical (technology and pre-session preparation) requirements for setting up video/ audio call based sessions:

- Technology /mode of consult – It is important to enquire with the family about the mode of consultation they are comfortable with. All families may not be comfortable with zoom video calls. Ummeed's clinicians have used alternatives such as whatsapp calls, skype, and



phone calls as well. The choice of the teleconsultation medium is based on ease of use for the families and the clinician.

- Ensure that the family has consented for the online session with awareness about the limitations of this modality, and associated fees (where applicable).
- The clinician/ support staff should send the family the details of the zoom or other tool that will be used to conduct the session.
- Asking the families to send in the questions or concerns before a session helps both the clinician and families get the most out of the session.
- The clinician should review previous notes, specific questions related to the session prior to the session.
- A stable internet connection is required in order to avoid pixelation, frequent buffering and other video and audio difficulties associated with slow and insufficient transmission.
- Clinicians must use well-functioning devices (phones, tablets, laptops) to avoid technological difficulties.
- To ensure privacy and sound quality, it is preferable for clinicians to use a headset with a microphone.
- Sessions should take place in a private room or space, with enough lighting and minimal noise and echo.
- Weak internet connectivity may mean that a consult has to be conducted midway on a phone call. Always have a plan B for what the session will look like on a phone call.
- Clinicians must dress professionally (in the same way as they would for a face to face consultation) for the session.

During the clinical session

- The clinician should make sure that he/ she can be seen and heard clearly. e.g., that their head and shoulder is visible on the center of the screen during a video call.
- The clinician's background should be clutter free and professional. A busy background can distract the family/child with whom you are consulting. If this is not possible, please consider using the 'virtual background' option on zoom (if the call is being conducted on zoom) to change the background.
- The clinician should start with introducing himself/ herself, state their role (e.g., paediatrician, occupational therapist, counsellor, etc.) and what kind of service they offer.
- Define what could be possible in an online session so that the family knows what to expect and agrees with it.
- The clinician should maintain eye contact with the parent/child. By looking alternately at the camera and at the video of the child/parent the clinician will be able to ensure that appropriate eye contact is maintained
- The clinician should not solely rely on non-verbal communication/ use expansive but out-of-frame gestures to communicate. These would not be adequately understood by the caregiver.



- The clinician must clarify frequently and repeat what he/ she has understood to ensure that the family and the clinician are on the same page.
- It is easier to build a connect online with someone one has met face to face before. The following pointers may be useful to keep in mind while establishing rapport:
 - Clinicians and families may have many common experiences/reflections about the lockdown period. Be open to the possibility of using these to connect with families and children.
 - The clinician may find newer ways of connecting with families. An observation/comment about their new hobby, sharing what they have been doing, being interested in what the family wants to show/discuss are all great ways to connect.
- Pay attention to the families', children's tone of voice as the clinician may not be able to see their body language – this is especially important in a telephonic consultation.
- Use concrete statements, use fewer open-ended questions as it may not be possible to facilitate a discussion in the same way in an online consult as in a face-to-face session.
- The clinician should use what he/ she can see about the home environment to guide the discussions.
- The clinician should check if the family is understanding their recommendations and summarize (and share visually via whiteboard whenever possible) at the end of the session.
- The clinician should use documents/templates that they use in face-to-face consultations to structure the session.
- The clinician can use features such as whiteboard on zoom to document/draw to clarify/explain an idea or a concept being discussed in the session.
- The clinician must reassure families when they are concerned about missing out on 'therapy time'. Reinforce steps that they are already taking to ensure their own and their family's well-being, to bring them a sense of agency.

After the session

The clinician can share Individualized Family Service Plans (IFSP), reports or summary of recommendations with the family on the parent's/caregiver's registered email id/phone number (via whatsapp). If this is not possible, the clinician can read out the contents of the document during the session and agree to share a copy of the document during a subsequent face to face visit

Alternate models of service delivery

Family support groups and smaller groups for mothers experiencing burnout have provided the families space to connect with each other. These sessions are more open ended and invite reflections and ideas from parents.

Likewise, online fun clubs have offered leisure opportunities to children.



Insights and biases

Online consults make it possible to view the home environment and design goals accordingly and further break down some of the barriers. The clinician should make sure he/ she uses the information about a family's home surroundings in a way that is respectful and supports their efforts to promote the child's development. The clinician must also reflect on and be conscious of his/ her own biases. The ability to see a person in their home environment can add to their bias, and they must try to stay aware of it.

Taking care of ourselves as clinicians

This is a new experience and learning for all of us. Lean on each other for support and be kind to yourselves. Do not hesitate to ask for help from your supervisor, colleagues within or outside the team.

This is a working document and will continue to be updated regularly.

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