

Delivering student specialist support services through telepractice guidelines





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1. Introduction and purpose

The Department of Education and Training (DET) provides a range of student support services to ensure access, participation and achievement for all students. Specialist support services include advisory visiting teachers (AVT), guidance officers (GO), occupational therapists, physiotherapists, speech-language pathologists and state schools registered nurses.

Specialist support services are itinerant, requiring innovative methods of service delivery to achieve effective outcomes for students and schools across considerable distances. Telepractice may be used to respond to the educational and wellbeing needs of students, particularly those in remote and rural schools, by providing support services using information and communication technologies over a distance when in-person services are not possible, practical or optimal. Telepractice can also be provided as an adjunct to enhance in-person school-visit services.

Telepractice is defined as 'the application of telecommunications technology to deliver clinical services at a distance by linking clinician to client, or clinician to clinician for assessment, intervention and/or consultation' (ASHA). In a broader student support service context, this could be defined as the application of telecommunications technology to deliver student support services at a distance linking specialist staff with students, specialist staff with teachers and specialist staff with each other for assessment, intervention, consultation, collaboration and professional learning.

Telepractice in the education setting may use a combination of video-conference, virtual-reality based programs, visual/textual or audio based methods (for example email, telephone). Services provided through telepractice may be synchronous (real-time) or asynchronous (store-and-forward). These methods may be used for evaluation, intervention, monitoring, supervision, consultation and training. Telepractice offers opportunities for education teams to work together and must be mutually acceptable to the student, their parent or carer, the school and the service provider.

A range of personnel may be involved when services are provided through telepractice including:

- Specialist support officer (for example AVT, therapist, GO, nurse)
- School contact (for example Head of Special Education Services [HOSES])
- School telepractice support officer (e-helper)
- Regional telepractice support officer (for example regional information and communication technology [ICT] support officer)
- Principal
- Classroom teacher
- Teacher aide
- Professional supervisor (for example senior therapists, Senior Guidance Officer [SGO],
 Principal Education Officer Student Services [PEOSS], Clinical Nurse Consultant [CNC]).

These guidelines may be used by school and regional service providers to support the delivery of services through telepractice. They are provided as a starting point for telepractice service delivery in DET. As teams adopt this model, develop their telepractice services and share their feedback and experiences, these guidelines will be revised to reflect the growing evidence-base.

2. Professional considerations

When considering using telepractice, service providers (specialist support officers/practitioners) plan their service considering legislation, policy and professional practice.

Considerations include that telepractice:

- a. can be used as an appropriate service delivery model to improve access to specialist support services, training and professional support
- b. is provided after similarities and differences in service delivery, compared with conventional service delivery, are determined
- c. must be mutually acceptable between the service provider (specialist support officer) and the end-user (student, parent/carer, school, other specialist support officer)
- d. is used when in-person service is not possible, practical or optimal
- e. is provided based on clinical reasoning and individual client requirements regarding remote support
- f. is provided after informed consent is gained having outlined the nature of the services, risks, benefits, and alternative options

Telepractice service providers:

- a. identify and rigorously risk manage any limits to protection of privacy, security, safety and confidentiality of personal information associated with the technology
- b. develop competency in and maintain skills in using telepractice technologies
- c. design and deliver orientation and training support for telepractice end-users (for example schools staff, students, parents, colleagues)
- d. comply with professional requirements and ensure practice aligns within the scope of the specific specialist staff departmental role
- e. ensure client safety, adhere to ethical principles of practice and only practice within their departmental role
- f. acknowledge the limitations of telepractice when planning service provision and discuss this with their client (student, parent/carer, school, other specialist support officer)
- g. seek opportunities to collaborate with and promote relevant local service providers where the telepractice service delivery is occurring
- h. measure and monitor effectiveness, seek service feedback, and plan implementation of improvements.

(Refer also Section 5 - Roles and responsibilities when setting up telepractice)

3. Service provider (specialist support officer/practitioner) capacity

In order to deliver specialist support services through telepractice, practitioner capability and service capacity factors will influence effectiveness. The senior therapist, SGO, PEOSS or CNC, as professional supervisors, along with line managers, may consider the following when working with teams to develop a service delivery model:

- a. Ensure the availability of suitable devices and reliable technology.
- b. Ensure human resources are available to address technical difficulties.
- c. Create a supportive environment to allow skills development in the use of telepractice, addressing any concerns and reservations regarding the use of telepractice for service delivery.
- d. Facilitate training in how to use telepractice to provide an effective service, including exploration of the similarities and differences in service delivery using telepractice compared with conventional service delivery.
- e. Facilitate training in the use of telepractice technology, including software solutions, hardware choices and data options.
- f. Ensure opportunities are available for specialist support officers to deliver training to telepractice end-users (for example schools staff, students, parents, colleagues).
- g. Ensure time is available for specialist support staff to practice and build telepractice skills.
- h. Gradually introduce telepractice events and service delivery.
- i. Identify and engage telepractice 'champions' to support emerging telepractice users.
- Develop and implement telepractice skills checklists for self-assessment or competency assessment of service providers.
- k. Identify the appropriate avenue for technical difficulties to be addressed.
- Maintain competency and current evidence-based skills and knowledge regarding telepractice.
- m. Evaluate telepractice service delivery and implement improvements.

(Refer also Section 5 - Roles and responsibilities when setting up telepractice)

4. Scope of service delivery

(< Ir	sert pr	ofessional support area>) telepractice scope of service
		Service delivered – consider the goal of support to be provided
	 9	as an introductory assessment prior to an onsite visit
	cate	Standardised or non-standardised assessments
	ind	Student observations and environmental scans
	y be	Assistive technology supports
	Telepractice may be indicated	Delivery of student support e.g. social skills programs, counselling, therapy interventions
	pra	Parent/teacher collaboration; peer collaboration
DED	Tel	Professional development
SOME EXAMPLES ARE PROVIDED	tice:	Initial assessments and observations – establishing rapport, requiring observation in variety of environments
ARE F	telepractice:	Students with hearing impairment depending on severity and quality of audio
LES		Where hand-over-hand or hands-on assessment or assistance is required
XAMP	ıtion w	Where a student has physical or sensory concerns that require in-person review
E	r cat	Where a student experiences difficulty with poor video/audio connectivity
SOM	tions fo	Students reluctant to participate; displaying a negative reaction to telepractice; flight risk
	Considerations for caution with	Ensure cultural safety for students from culturally and linguistically diverse backgrounds
	Ŝ	Significant difficulty with attention or following instructions
	is d :	Where a confidential environment is required and is not available
	ctice	Hands-on assessment is required by the specialist support officer
	Telepractice is not indicated :	Students who are consistently unable to master online etiquette
	Tele	Where minimal and subtle differences in voice/sound need to be heard
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When implementing telepractice as a service delivery model, professional supervisors and service managers work closely with specialist support officers to plan services which are evidence-informed. There are areas of support in which telepractice will be appropriate and effective, whereas other supports will require caution or be provided through a more conventional method of service delivery. Continuous monitoring, evaluation, communication and collaboration will ensure that complementary services which are delivered via telepractice are effective. The following table provides some examples of individual practitioner or discipline group scope of service considerations when using telepractice. This may be used to stimulate discussion and commence service planning, using the table in **Appendix 1**.

5. Roles and responsibilities when setting up telepractice

In the school and regional setting, roles and responsibilities may be assigned to team members to ensure that telepractice service delivery is coordinated and successful.

Responsibility	Description
Specialist Support Officer (e.g. therapist, AVT, GO, nurse)	 Work with school team to determine appropriate staff member within school who can support and troubleshoot accessing telepractice sessions for school staff and students where not yet established (school telepractice support officer or e-helper) Communicate initially with principal, then liaise with school contact person, classroom teacher and nominated school telepractice support officer (e-helper) Determine which prioritised school requests for specialist support are appropriate for telepractice delivery Collaborate with classroom teacher/team to determine learning goals/priorities to be addressed Ensure training has been provided to school staff and a step-by-step connection guide is in place Discuss goals and options with parents/carers/student and obtain additional telepractice consent Establish telepractice session time *Consider high traffic bandwidth times across school Forward details of session (including required links) to school contact person Provide resource package (e.g. assessment kits, worksheets) to the school contact person or telepractice support officer to use during session if required Send a reminder email to the school contact person and telepractice support officer a few days prior to the scheduled session Digitalise assessments and resources to be used in telepractice sessions where copyright permission has been given Where possible, facilitate an administrative test call with school telepractice support officer to increase proficiency and trouble-shoot connectivity prior to telepractice session Where required, monitor data use (which network or data plan was used, time used and/or amount of data used) to
Principal	 manage data requirements. Negotiate with school contact person and specialist support officer to nominate school telepractice support officer (ehelper, often a teacher aide or technology support person) Nominate a dedicated computer to install relevant

	capacity of computer to perform telepractice efficiently, mobility and location requirements, cable connection or Wi-Fi capability, external data (e.g. 3G/4G) availability Procure incidental hardware and data required for effective telepractice (microphone, speakers, camera, splitter box, data plan) If required, nominate a designated member of staff to install and maintain updates of relevant software (liaise with regional technology support staff, ICT helpdesk and/or Information Technologies Branch [ITB] staff).
School Contact (e.g. HOSES)	 Work with specialist support officer to determine which prioritised requests are appropriate for telepractice delivery Collect parent/carer/student consent forms for service delivery (where required) and telepractice service delivery and forward to specialist support officer Ensure currency of student school internet agreement where applicable. Consider need for and appropriateness of school support staff to remain with student in a direct session, and training for follow-up support required from direct sessions.
School Telepractice Support Officer (e-helper)	 Participate in training or attend a test session with regional technology support staff or specialist support officer to develop capability Participate in an administrative test call where possible to increase proficiency and trouble-shoot connectivity prior to telepractice session Ensure the a suitable environment and appropriate technology is available to meet the requirements of the particular telepractice session Where required, assist the student or school support staff to join the telepractice session.
Classroom Teacher	 Liaise with school telepractice support officer and specialist support officer to schedule the telepractice session *Consider high traffic bandwidth times across school Participate in the telepractice session where possible Collaborate with specialist support officer to determine particular learning goals/priorities to be addressed.
Parent/Carer	 Discuss telepractice support options with specialist support officer or principal Provide consent for their child to participate in telepractice sessions Attend telepractice session if appropriate Maintain communication with specialist support officer and provide feedback.

	·
Professional Supervisor (e.g. Senior therapists, PEOSS, SGO, CNC, Regional Manager)	 Negotiate workload adjustments with specialist support officer to accommodate the time required for telepractice administrative requirements Negotiate with assessment distributors to establish permission to digitalise assessments/resources to use via relevant telepractice platform Support procurement and distribution of hardware and data requirements to enable successful telepractice service provision Facilitate professional development opportunities to build staff capacity to provide or participate in telepractice Assist specialist support officers to monitor and manage data use on a regular basis Incorporate telepractice into the specific discipline and/or regional service delivery model.
DET Information Technologies staff, including ICT Service Centre Telepractice Platform Representative (where appropriate)	 Provide avenues to address technology matters relating to telepractice, including knowledge-based articles, licensing agreements and subject matter experts (SME) Provide training to the specialist support officer in how to use the chosen telepractice platform effectively, including troubleshooting procedures. Liaise with telepractice providers regarding possible service improvements.

6. Scheduling telepractice

When scheduling a telepractice session with a school, team members may consider a number of strategies:

- The specialist support officer provides a reminder to the school contact and/or classroom teacher via email or phone call a few days prior to the telepractice session.
- Alternative phone numbers (school and provider) are provided as a back-up should technical difficulties be experienced.
- If the student is unable to attend the session, the school telepractice support officer contacts the specialist support officer on the morning of the session (or earlier if possible).
- If experiencing technical difficulties, the school telepractice support officer contacts the specialist support officer.
- If after ten minutes no school contact has been made, the specialist support officer will contact the school telepractice support officer or an alternative contact.
- High bandwidth traffic times across the school are considered and avoided so that sessions are scheduled when optimal bandwidth is available, increasing video and audio capacity.
- Telephone line availability is considered, or alternative mobile contact is provided, particularly where there may be only one phone line into a school.

The following table may be used to develop a guide to timeframes when troubleshooting technical difficulties within a session:

Technical difficulties exceed:	Possible action (negotiated between provider and receiving school)
5 minutes	
10 minutes	
15 minutes	

The following guide can be used for planning alternative arrangements should difficulties arise in providing a telepractice session:

Technology	Plan B	Plan C
Audio quality:	Mute the audio and utilise a	Cancel and reschedule
Poor or no sound, e.g. lip sync	telephone connection to use	session, providing
problems, echo, distortion,	in addition to the	alternative support as an
audio dropouts (e.g. greater	videoconference program	interim measure
than 5 drop outs)		
Video quality:	Monitor and reset frame rate	If session requires visuals,
Poor or no video, e.g. pixilation,	Adjust to low resolution	cancel and reschedule
frozen frames, video drop outs	setting (available in iConnect)	
	Turn off video at the low	
	bandwidth site and use audio	
	exclusively	
Whiteboard:	Use audio or telephone to	Cancel and reschedule
No image	guide the telepractice session	session, providing
	using the resources which	alternative support as an
	have been provided prior to	interim measure
	the session	

Network connectivity:	As for Audio and Video	As for Audio and Video
E.g. 360Kbps required for basic	alternatives	alternatives
video; latency lower than	In addition, log out of iDET or	
300ms required for interaction	QDETA-X network and connect	
	to external data source	
	(Telstra/Optus 3G/4G	
	networks)	
School telepractice support	If available, alternate	Cancel and reschedule
officer absent	representative	session, providing
	attends/supports session	alternative support as an
		interim measure
Student/relevant staff absent	Cancel and reschedule	NA

7. Telepractice technology: data, equipment and software

Please Note: In order to align with DET policy, including Information Management Policy and Information Communication and Technology Procedure, all platforms (videoconferencing programs) and data plans used for telepractice should be supplied by DET only. No private platforms, hardware or data plans should be used due to information privacy and security implications.

Factors impacting on telepractice sessions		
Term (with	Description	Considerations
analogy)		
Data usage	Volume of information transferred	Data use will differ with each
"petrol in the	through a network,	telepractice platform. Some
tank"	expressed in Kilobytes (KB),	platforms will automatically
	Megabytes (MB), Gigabytes (GB)	give preference to some
	When used as a data plan,	functions (e.g. audio) to
	expressed as a cost to provide a	maintain connectivity.
	volume of data e.g. 8GB per month	Higher data use will occur
		with computers operating at
		higher speed and greater
		resolution.
		Monitor data usage when
		using a purchased data plan –
		SIM card in laptop; dongle; or
		personal hotspot with DET
		phone or tablet
Bandwidth	Speed at which the network can	School connectivity; satellite
"width of the	move data (download and upload)	connection; external data
road"	often expressed in Kilobits or	source; availability of an
	Megabits per second (Kbps or	antenna; access via home
	Mbps) as download/upload rates or	schooling.
	within a range of rates e.g.	These will impact on the type
	2Mbps/500Kbps; or 2 to 75 Mbps	of service delivery which can
		be achieved in the session.
Network capacity		Factors impacting on data use
and contention		at any given time e.g. class
"number of cars		computer session; critical
on the road and "		applications such as
		OneSchool which have
		priority.
Latency/ping	Time delay in network connection,	Latency of <100ms is advised
"speed travelled"	commonly expressed as a value	
	'less than' milliseconds (ms) e.g.	
	<100ms	
Hardware	Age of the computer; screen	
	resolution; camera, speaker or	
	microphone quality; modem quality	

Software	Program available through DET	Effectiveness of the session
	application or requiring individual	can be affected by the
	installation	number of competing
		programs installed and open
		on the workstation at any one
		time

Considerations for successful telepractice connectivity:

- Adequate bandwidth for the selected telepractice software (videoconferencing platform) is tested prior to a telepractice session (check school bandwidth or perform www.speedtest.net).
- Internet access is achieved:
 - via cable or Wi-Fi using DET connections (QDETA-X or iDET);
 - o by external Wi-Fi (Telstra/Optus 3G/4G networks) using:
 - a SIM card in the laptop; or
 - a portable internet modem (with or without an antenna); or
 - by Wi-Fi through personal hotspot to another DET device.
- Additional hardware is accessed if using an external data source. For example external modem, dongle, hotspot to a mobile device, and antenna.
- Telepractice session is set up where possible to prioritise frame rate capacity over video resolution (available in iConnect; is a default function in iSee)
- A good quality USB headset with noise cancelling headphones and microphone are available.
- Good quality speakers, microphone, multiple headphone splitter, and/or data projector are accessed, depending if the session involves an individual or a group of participants using a single workstation.
- A quality web-camera is accessed if not built into the device (for example a wide-screen camera used for groups; a web-camera with built-in microphone for single participants).

8. Telepractice setting

Telepractice sessions will be most successful when the location and set-up are carefully considered at both the sending and receiving sites. A suitable location may be negotiated between the specialist support officer, classroom teacher, school contact and principal. A designated telepractice workstation and location will assist with the effectiveness of sessions. Considerations for telepractice set-up are outlined below.

Physical space:

- neat and uncluttered
- quiet location (signage displayed to minimise interruptions)
- neutral wall colours with a flat finish.

Lighting:

- reduced backlighting, for example from window or overhead fluorescent lights
- soft lighting sources
- extra lighting when needed, for example an up-light.

Acoustics:

- ideally a sound proof room; the quietest location possible at the site
- reduced echo with sound-dampening materials such as carpet, curtains
- reduced noise from devices such as fans, TV, mobile phones.

Camera placement:

- stabilised on a stand, tripod or workstation monitor
- avoid awkward angles
- subjects are positioned directly in front of the camera
- image is centred and uses the full screen.

(Refer also Section 5 - Roles and responsibilities when setting up telepractice)

9. Managing risk when using telepractice

When using online service delivery options, there will be risk factors to consider in addition to those associated with traditional forms of service delivery. Recognising these additional risks, implementing controls and regularly reviewing strategies form part of quality telepractice services.

After careful risk analysis, measures to reduce or eliminate risk may include:

- regular evaluation at an individual and organisational level
- regular analysis of the likelihood and magnitude of foreseeable problems
- development of procedures which assist to detect, diagnose and fix equipment and connectivity problems
- skill development for telepractice participants with clear understandings of roles and responsibilities
- availability of technical support
- development of back-up plans to be implemented should a telepractice session fail to commence, or fail during the session
- back-up plan in place where connectivity in isolated locations, including telephone connection, is limited.

Consent

Informed consent should be provided by all participants in a telepractice session, including the student (where possible) parent/carer and DET support staff. In order to provide informed consent, participants should have access to plain language information about telepractice, the technology being used and the specific purpose of the telepractice session. This includes specific privacy information regarding information storage, user identification storage and session recording storage. Contact details should be provided as an avenue to ask questions and express concerns.

Privacy, disclosure and environment

- Students are supervised to ensure a safe and supportive telepractice session. For students
 who require a confidential meeting with the specialist support officer (such as in
 counselling), the school telepractice support officer may assist with set-up and connection,
 then remain available outside of the room if assistance is required.
- Ensure all participants present in the telepractice session are introduced and identified.
- Telepractice service provision should only occur within designated DET facilities. This may be from the specialist support officer's office, a secure meeting room or library in a school, or at a regional or central office.
- If telepractice is occurring in a more public area of a school, for example an assessment of a student in the playground, ensure that participants clarify who is present, and can hear or see what is occurring in the session. Students who are not participating in telepractice should not be visible or heard during the transmission.
- Report all issues or concerns to the principal and relevant regional supervisor.

(Refer also to previous Sections)

10. Telepractice session

Facilitators and practitioners will develop their individual approach to providing effective support through telepractice. A number of measures may be used as a guide before, during and after conducting a telepractice session.

Planning prior to telepractice session:

- Consider if telepractice session is best delivered individually or with a group; at a single site or across a number of sites
- Develop a plan and structure for the session
- Source and/or prepare required digital resources
- Obtain required informed consents (Refer Section 9 Managing risk when engaging with telepractice)
- Consider clothing worn, for example with bright block colours, without busy patterns or distracting accessories.

Before a telepractice session:

- Conduct a test call the day prior when possible
- Commence set up 15 minutes prior to the sessions
- Checklist prior to commencement, (Refer also Sections 7 & 8):
 - Select a quiet location
 - Check microphone, camera, speakers all working
 - Close other programs on the workstation which are not required
 - Check internet connection and speed
 - o Check audio and video quality
 - Check video image and camera set-up, for example face well lit, image centred and fills the screen
 - o Manage background distractions managed (sound or vision).

During a telepractice session, including group sessions:

- Greet participants and confirm that the auditory and visual quality is appropriate for the type of service provision planned.
- Allow participants to introduce themselves or introduce all present in the room.
- Establish virtual etiquette, for example use names when directing a question or comment.
- Clarify methods of asking questions or making comments and contributions throughout the session.
- Provide opportunities for everyone to participate (for example chat, poll, raise hands); pause and invite comments; use names when directing a question or comment.

- Present the structure for the session, make the purpose clear, revise the plan periodically and summarise regularly.
- Consider non-verbal communication, including body posture, facial expressions and eye contact.
- Modulate voice; speak strongly, clearly and slowly, with pauses. Provide verbal commentary explaining activities that are not clearly visible.
- Allow time for participants to process the information being delivered.
- Support verbal information delivered with text and images.
- Provide an image (screen shot) of a whiteboard to participants if a shared document is unclear.
- The school-based person providing support to the student participating in the telepractice session may:
- adjust the environment if distraction occurs
- carry out prompts instructed by specialist support officer
- guide the student/participants with interactive tools as needed (for example whiteboard, pointers, avatars)
- observe and report to the specialist support officer on the student's participation and experiences as an additional onsite support strategy
- Note: All participants have the right to terminate the session if issues related to transmission quality cannot be resolved. Alternative arrangements for support provision should then be made.

At the end of a telepractice session:

- Prior to finishing a session ensure student/participants (and school telepractice support
 officer) understand future arrangements, for example next appointment, homework, data
 collection, evaluation.
- Ensure the videoconference (and or call) is exited and disconnected.
- Any resources required for ongoing work (for example homework, program) are transferred or forwarded to participants.

11. Conclusion

Telepractice is an innovative method of service delivery to support students, teachers and schools in remote and rural areas. Many factors contribute to the effectiveness and success of support services provided using telepractice. Support staff, school teams, students, their parents/carers and professional supervisors, along with appropriate divisions within the Department, all play a part in ensuring telepractice is a viable, quality educational service option. Teams work together to provide telepractice in a safe and supportive environment, using appropriate data, software and equipment. Regular evaluation, reflection, review and sharing of good practice will ensure that telepractice in DET is based on sound evidence and a model of continuous improvement.

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Appendix 1

(<insert area="" professional="" support="">) telepractice scope of service</insert>			
	Service delivered – consider the goal of support to be provided		
Telepractice may be indicated for:			
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