



# CENTRE DE COORDINATION DE LA TÉLÉSANTÉ

CENTRE INTÉGRÉ UNIVERSITAIRE DE SANTÉ ET  
DE SERVICES SOCIAUX DE L'ESTRIE - CENTRE  
HOSPITALIER UNIVERSITAIRE DE SHERBROOKE

## TELEPRACTICE GUIDE FOR USING THE TELEHEALTH APPROACH IN A CLINICAL CONTEXT





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## Context

### Who is this Guide for?

This Guide is intended for professionals who wish to integrate the telehealth approach to their common clinical practice as an additional, complementary or alternative way to offer care and services to users and their caregivers.

### Why this Guide?

This Guide provides professionals with the tools they need to integrate the telehealth approach to their clinical practice, as well as ethical and professional conduct coaching required for specific recommendations. It provides markers to transpose the common practice into a remote practice. It is not a substitute for other practice guides that some professional corporations propose (e.g. Ordre des psychologues du Québec, Ordre professionnel de la physiothérapie du Québec, etc.).

This Guide focuses on five areas:

- Advantages and issues related to telehealth
- Ethical and professional conduct coaching
- General recommendations for conducting telehealth activities
- Specific recommendations for conducting telehealth activities
- Possible uses of telehealth and routines to observe according to the type of activities conducted

### Where does the advice in this Guide come from?

The advice provided in this Guide comes from professional corporations' grey literature, scientific literature, reading specialized books on telepractice and telehealth, sharing experiences from rehabilitation professionals involved in the group transposing the clinical practice in-person into a telehealth practice, and finally the experience acquired from clinical and technological advisors at the CCT, CIUSSS de l'Estrie - CHUS.

### Using the Guide

Certain sections of the Guide may seem repetitive (e.g. sections outlining the routines for conducting activities). These repetitions are intended to allow the readers to find all the information needed for one intervention in the same place. We recommend that you refer to the table of contents to know which section to consult depending on your needs.

### Scope

In its current version, the content is mainly based on the clinical activities that stem from rehabilitation of a schooled pediatric clientele. However, the content can be adapted for other uses.

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# 1. Definition of telehealth and related terms

## Telehealth

Telehealth is a service organization and delivery approach that offers a complementary virtual network of health and social services<sup>1</sup>. Telehealth helps enable remote access to clinical services commonly offered through clinical programs in health and social services institutions to treat users<sup>2</sup>. Telehealth includes activities in teleeducation, teleconsultation, case tele-discussion, teleinterpretation, teleassistance, teleintervention and telemonitoring.

## Telepractice

Telepractice is the exercise of a profession managed remotely through information and communication technologies (ICT). It includes teleconsultation, tele-expertise, telemonitoring and teleassistance. Related activities are information to the public through ICT, remote supervision, remote professional services and confidential data transmission to digital format<sup>3</sup>.

*In this document, the terms telehealth and telepractice will be used equivalently.*

# 2. Advantages and issues related to telehealth

## 2.1. Advantages

- For the users:
  - Gives better access to different services (e.g. evaluation, observation and treatment for users living in underserved communities).
  - Helps conduct regular follow-up meetings. - Can help increase the intensity and frequency of follow-ups by reducing the waiting period between sessions in-person.
  - Provides a way to communicate with several participants on different sites. - Collaborative intervention models (extended family, care professionals, school staff, interns, etc.).
  - Reduces travels and costs as well as absenteeism at work or school.
  - Increases the number of time slots available considering that the case manager, user and/or caregiver do not have to schedule time for therapy and travel, but only time for therapy.
  - Reduces the number of case managers present at home, which fosters intimacy.
  - Helps establish relationships with fearful children.
  - Helps the relationship with teenagers who often feel more concerned by the use of information and communication technologies (ICT).
  - Helps the user and/or caregivers adopt recommendations.
  - Helps make the user and/or caregivers accountable for certain recommendations (e.g. purchase/use of material/food).
  - Improves the skills of the case manager receiving the intervention.
  - Diminishes the risk of contamination for vulnerable users (e.g. MRSA).
- For the case managers:
  - Helps reduce travels and offer more services to more users (greater schedule flexibility).
  - Avoids parking problems and loss of time in transportation.

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<sup>1</sup> MSSS - Frame of reference - Governance, project and service management using telehealth in Quebec

<sup>2</sup> Provincial lexicon of terms used in telehealth, <http://extranet.ti.msss.rtss.qc.ca/Orientations-et-gouvernance/Telesante/Repertoire-des-activites/Activites-cliniques.aspx>

<sup>3</sup> Percées du numérique dans la pratique professionnelle en santé et relations humaines. November 2016 CEFRIO and Le Conseil interprofessionnel du Québec

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- Helps access different specialists and exchange with many professionals to develop the intervention plans (interdisciplinary work with partners).
  - Helps communicate and collaborate with caregivers.
  - Helps see and understand the user's surroundings better as well as their interactions in their living environment (e.g. a child who throws everything when his mother wants to make him work shows that a special education technician should be added to the case).
  - Improves, with the visual, exchanges and advice normally done over the phone.
  - Increases safety and present the opportunity to offer an alternative, when required (e.g. no travelling on snowy roads, no risk of injuries in badly cleared entryways, no contamination if the user is sick, etc.).
  - Allows for the follow-up to continue when a case manager cannot travel (e.g. back injury).

## 2.2. Issues

- Clinical activities specific to each profession are not all necessarily transferable through telehealth. Clinical judgment is essential to determine the most appropriate approach (in-person or telehealth).
- Modifying the way treatment is prepared and offered is required (modification of the clinical practice).
- The professional must overcome their fears and insecurities about technology and this new intervention method.
- It can be more difficult to maintain the user's attention through telehealth than a meeting in-person, particularly with children.
- When technology does not work perfectly:
  - This method can be seen as a waste of time.
  - This method can weaken the motivation of case managers, users and/or their caregivers.
- The professional may feel like they have less control on unforeseen events during therapy.
- The users and their caregivers know little about this way of working and therefore do not ask to be served through telehealth. Professionals must remember to offer the telehealth approach, even if the users do not ask for it.

## 3. Ethical and professional conduct principles

### 3.1. Ethical principles to observe

Four ethical principles, identified by the Commission de l'éthique en science et en technologie<sup>4</sup>, are at the heart of our health system and must be observed when introducing any new technology or intervention method.

**Accessibility to relevant and quality care:** Individuals are entitled to have access to the best health care possible according to their clinical needs, regardless of their capacity to pay, social status, cultural or ethnic identity, place of residence, etc.

A principle of justice and equity is therefore argued to counterbalance, if necessary, the accessibility principle.

**Fair and equitable distribution of resources:** The resources (financial, material or human) of the health system must be used responsibly and allocated according to transparent, respectful criteria concerning the needs of the population and common good.

In addition, there could not be accessible and quality health services, and there could not be adequately managed resources, if each party did not fulfill their share or responsibilities to ensure the smooth running of the health system.

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<sup>4</sup> Notice - La télésanté clinique au Québec : un regard éthique, 2014

**Sharing responsibilities between the different actors:** In the Québec vision of health and well-being, maintaining and improving health and well-being rest on sharing responsibilities fairly between individuals, families, living environments, all sectors of activity and public authorities.

**Free and informed consent for people:** Both an ethical and legal requirement, consent must be obtained from the person for any health intervention. This consent must be given freely by the person, meaning without any outside influence or undue constraint, and after they were sufficiently informed of the different options offered, their risk and benefits.

### 3.2. Professional conduct markers

The Conseil interprofessionnel du Québec, which gathers 46 professional corporations, stated common principles<sup>5</sup> in order to delineate the use of ICTs and ensure the professional practice adapts to this reality. We present, below, a summary of these principles as stated in the document *Outil d'aide à la décision, Télépratique et gestion du dossier numérique en santé et en relations humaines*.

<b>More specific principles can apply depending on your profession. We invite you to verify with your professional corporation for specifications on this summary table</b>	
<b>Laws and regulations</b>	The professional practicing with telehealth must, in addition to laws and regulations governing the use of ICTs, comply with the laws and regulations governing their professional practice.
<b>Practice standards or guidelines</b>	The professional practicing with telehealth must refer to the same standards or guidelines of practice than the ones used for in-person interventions.
<b>Responsibilities of the professionals and professional conduct duties</b>	The professional using telepractice remains fully responsible for their actions and engages their professional accountability.  The professional using telepractice must fulfill the same professional conduct duties and obligations than the ones who use in-person interventions.
<b>Relevance of using telehealth</b>	The professional must exercise professional judgment when telepractice is concerned, to decide if this method is appropriate or not for the patient/client.
<b>Consent</b>	The professional must always obtain free and informed consent both for care/services delivered and use of telepractice.
<b>Confidentiality of the telepractice session</b>	The professional must ensure the privacy of the whole session offering remote services.
<b>Emergency protocol</b>	Professionals using telepractice must establish a plan beforehand to address any emergency situation, either technical or clinical, to ensure the physical and psychological safety of the person requiring care/services through this method.
<b>Reliability of measuring devices or other mobile applications</b>	The professional must, when applicable, ensure that the measuring device or mobile application used for remote services is reliable. The results achieved and interpretation must be valid and identical to those achieved when conducting interventions in-person.
<b>Interoperability</b>	The professional must, when applicable, make sure the application or software used is interoperable, meaning it must be able to communicate with other systems used.
<b>Initial and ongoing training for professionals</b>	The professional must have enough knowledge and skills required to deliver care/services remotely with telepractice.
<b>Patient/client training - Quality of services</b>	The professional must ensure a training session on the technology used is offered to the patient/client before service delivery with telepractice.
<b>File access control - Safety</b>	The professional must ensure the means used to secure the content of the file are adequate.

5 Outil d'aide à la décision, Télépratique et gestion du dossier numérique en santé et en relations humaines, Conseil interprofessionnel du Québec, oct.2016

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## 3.3. Information and consent to telehealth

### 3.3.1. Information

You must offer the user appropriate information to allow them to give free and informed consent to telehealth. To help you with this, an explanatory brochure, developed by the CCT, CIUSSS de l'Estrie - CHUS, entitled *Discussion de cas, consultation et intervention par télésanté - Une nouvelle façon d'offrir des soins et services de santé de qualité* is available electronically on the Santé Estrie Web site <https://www.santeestrie.qc.ca/professionnels/ressources-pour-les-professionnels/>. Do not hesitate to ask for a hard copy at CCT, CIUSSS de l'Estrie - CHUS and use it as needed.

According to the Ordre professionnel de la physiothérapie du Québec<sup>6</sup>, the professional who wishes to use telehealth for a user must provide:

- Type of service proposed.
- Technological means used.
- Advantages.
- Limits.
- Risks. Alternatives to remote interventions.
- Possible presence of another health professional or person with computer training, if needed.

Examples of discussions for each section are provided in Appendix 1.

### 3.3.2. Consent

According to section 9 of the Act respecting health services and social services<sup>7</sup> (ARHSSS):

«No person may be made to undergo care of any nature, whether for examination, specimen taking, treatment or any other intervention, except with his consent. Consent to care or the authorization to provide care shall be given or refused by the user or, as the case may be, his representative or the court, in the circumstances and manner provided for in articles 10 and following of the Civil Code.»

Similarly, section 19 of this law indicates that:

«The record of a user is confidential and no person may have access to it except with the consent of the user or the person qualified to give consent on his behalf. Information contained in a user's record may, however, be communicated without the user's consent: [...]».

Some institutions choose to systematically have people sign a specific telehealth consent form that they attach to the user's record, while others settle for verbal consent that the professional who received the authorization logs in the record.

Please note that nowhere in the ARHSSS does it say that it is mandatory to have a telehealth consent form signed. However, considering both sections above, it is recommended to ensure, before the start of the session, that the user or caregiver has received the required information and consented to exchanges through telehealth be conducted. A written note should then be added to the record by the professional who received the authorization.

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<sup>6</sup> TÉLÉRÉADAPTATION - PRINCIPES DIRECTEURS EN PHYSIOTHÉRAPIE FEBRUARY 2018- published by the Ordre professionnel de la physiothérapie du Québec

<sup>7</sup> Government of Québec (2013). Act respecting health services and social services, section 9, Québec Official Publisher

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## 3.4. Record keeping

According to section 108.2 of the ARHSS<sup>8</sup>:

«The health or social services provided by an institution in the form of telehealth services are considered provided at the place where the health or social services professional who was consulted practices.

Every institution and every health or social services professional involved in providing telehealth services must keep a record for each user or person to whom such services are provided, in accordance with the standards determined by regulation of the Government under subparagraph 24 of the first paragraph of section 505 in the case of an institution, and, in the case of a professional who practices elsewhere than in a facility maintained by an institution, in accordance with the standards governing record keeping adopted by regulation or by-law of the board of directors of the order to which the professional belongs. [...]».

Therefore, if the user referred to you does not have a record in your institution, you must create one and compile the notes related to the activities conducted.

## 3.5. Confidentiality

In regards to respecting confidentiality, rules and good practices as well as the provisions under the codes of professional conduct of your respective professional corporations prevail.

- Pay particular attention to:
  - How relevant the presence of each participant is to the activity. If a third party, not directly concerned, must be present to ensure the session goes well, inform the user to obtain their consent for the presence of this person (e.g. computer technician, intern).
  - The quality of your exchanges; pay particular attention to your reactions concerning what is said or done remotely during the session, especially when the user is present (e.g. laughter, comments between colleagues about the situation seen on screen, etc.). The perceived distance created by the telehealth situation must not affect your professionalism, restraint and empathy. Use the “mute” function on the microphone when you do not need to intervene in the discussion.
  - Set up an adequate physical environment that helps ensure confidentiality of each area involved (e.g. closing doors, paying attention to the volume of the speakers).
  - Demonstrate restraint when it comes to divulging information discussed during the session, for all individuals present during the session.

## 3.6. Recordings

No session must be recorded without express prior consent from the user or caregiver and case managers or professionals present.

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<sup>8</sup> Government of Québec (2013). Act respecting health services and social services, section 108.2, Québec Official Publisher

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## 4. General recommendations for conducting activities

### 4.1. Camera positioning

Cameras on each side must be positioned in such a way that the individuals can see adequately the people present in the remote room.

Whenever possible, position the camera on the faces. If you are a large group, choose the wide shot over the close-up on only one or two people.

At the beginning of the session, do not hesitate to specify your need to the remote team/user/professional. The few minutes taken at the beginning of the session set the stage for the continuation and success of the session.

### 4.2. Emergency protocol

Preparing an emergency protocol before starting the session helps ensure the physical/psychological safety of the user and/or caregiver. This step should not be overlooked. Here are a few points to consider in establishing your emergency protocol:

- At the time of planning the activity (reservation), exchange the phone numbers of the rooms that will be used during the session.
- If the session is conducted at home and the user is alone, plan to have their address to send help if needed.
- If the user is alone during the session, have the phone number of a contact person on hand in case of emergency.
- Depending on the user's situation and their clinical condition, plan to have a third party present to ensure safety (e.g. risk of falling, suicide risk, difficulty managing emotions, etc.).
- Whenever possible, stay connected to the user, reassure them and be aware of what is going on to inform relief services if needed.

### 4.3. Plan B: preparing an alternate plan in case of technical problems

Professional using telehealth must prepare an alternative plan beforehand to anticipate unexpected situations.

- To prevent **technical problems**, plan the following:
  - At the time of planning the activity (reservation), exchange the phone numbers of the rooms that will be used during the session.
  - Always have access to a phone in the intervention room and a long enough phone cord.
  - Identify in advance "who is calling who", in case of problems (e.g. case manager calling the user who is having trouble connecting).

**Actions to take in case of technical problems:** First, make sure to contact technical support to ask for help. Inform the remote user or case manager of the directions to follow in case the image or sound cuts off (e.g. logging off and logging in). If technical support cannot fix the problem within a clinically reasonable timeframe, plan to conduct the activity over the phone or reschedule another session at an ulterior date.

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## 5. Specific recommendations for conducting activities

### 5.1. Hybrid approach

It can be interesting to use a hybrid approach for service delivery. The professional can then alternate between sessions in-person and telehealth sessions. This hybrid approach helps ensure the quality of the interventions while fostering service accessibility and frequency of interventions. We can also better manage the availability of the material required (e.g. supplying material for the remote session during the session in-person). This method involves alternating sessions in-person with remote sessions. The number of sessions in-person and of telehealth sessions will be established on a case-by-case basis. Several issues will help choose the frequency of telehealth activities, such as the impossibility for the user or professional to travel, wanting to follow the evolution of the condition in between sessions in-person, etc.

### 5.2. Organizational aspects

Every telehealth activity should follow these five steps:



**Consideration:** In order to determine if care or services can be delivered through telehealth, professionals must use their professional judgment to decide if using technology helps respect the standards of practice in effect and offer quality and safe service, while fostering accessibility.

**Planning/organization:** Once the telehealth approach has been chosen, professionals must use existing processes to organize the appointment, reserve rooms and equipment, inform participants, obtain consent, etc.

**Preparation:** For a successful telehealth activity, the time spent preparing the activity is paramount. Adapting “on the spot” is not as easily done through telehealth as it is in-person.

**Execution:** conducting the activity in phases:

1. Introducing the session.
2. Starting the session.
3. Conducting the session.
4. Ending the session.

**Conclusion:** Make sure the session is finished and that all the procedures required to complete the notes are done.

### 5.3. Basic technological aspects needed

SITUATIONS	AVENUES FOR ACTION
<b>Wired connection instead of WiFi</b>	<ul style="list-style-type: none"><li>• Privilege a wired connection instead of WiFi whenever possible (to avoid interruptions). When we notice issues with a WiFi connection (sound interruption, image freezing, etc.), it can be useful to try to find out if a network wire can be connected to the equipment. It is not mandatory, but it can help conduct the activities.</li></ul>
<b>Bandwidth concept</b>	<ul style="list-style-type: none"><li>• Verify with the user, their caregiver or case manager accompanying them that the bandwidth is dedicated to the session (no downloading videos or music during the session, no movie streaming, etc.).</li></ul>

## 5.4. Logistical aspects

SITUATIONS	AVENUES FOR ACTION
<b>Equipment required</b>	<ul style="list-style-type: none"> <li>• If possible, the equipment required is dedicated videoconferencing equipment.</li> <li>• When it is impossible to have dedicated videoconferencing equipment (e.g. in the living environment of the user, school environment), plan to have computer equipment with functional camera, microphone and speakers (e.g. desktop or portable computer, electronic tablet, cell phone) to use with a secured Web videoconferencing application.</li> </ul>
<b>Rooms</b>	<ul style="list-style-type: none"> <li>• Privilege a closed room (avoid open areas that provide stimuli).</li> <li>• Watch out for brightness - Do not set up in front of a window, make sure to turn on the lights.</li> <li>• Remember to close the door for confidentiality reasons.</li> <li>• If possible, plan a room where surrounding noise is not too high (e.g. ventilation).</li> <li>• If possible, do not choose a room close to a noisy space (e.g. gymnasium, music room, etc.).</li> </ul>
<b>Sound</b>	<ul style="list-style-type: none"> <li>• The sound of the speakers should not be too high if the room is not soundproof (confidentiality) or evaluate the possibility of using earphones or a headset if you are the only person intervening in the room.</li> <li>• Avoid little noises (paper ruffling, playing with a pen, whispering, etc.).</li> <li>• Put your cell phone on mute during the session.</li> <li>• If needed, add an external microphone to capture sound better.</li> </ul>
<b>Material</b>	<ul style="list-style-type: none"> <li>• Prepare required material and let the people working remotely know what material they will need a few days before the session.</li> <li>• Privilege existing material in the environment to new material (e.g. toys).</li> <li>• Whenever necessary, plan to have the same material in both locations (possibility of giving them the material during a session in-person or asking them to get specific material before the next session).</li> </ul>
<b>Range of the camera</b>	<ul style="list-style-type: none"> <li>• Use the “zoom” function of the videoconferencing equipment as needed.</li> <li>• Look at the camera as much as possible instead of at the screen when talking. Back up and zoom on your image to reduce the impression that you are looking at the screen.</li> <li>• It is important to let the case managers, caregivers or other remote people know that they must stay within the range of the camera during the whole intervention. Do not hesitate to repeat this during the session.</li> </ul>
<b>Telephone</b>	<ul style="list-style-type: none"> <li>• Have a telephone accessible in the room where the telehealth session is being conducted. Ensure that the phone cord is long enough to get close to the videoconferencing station.</li> </ul>
<b>End of the videoconference</b>	<ul style="list-style-type: none"> <li>• Set an alarm to the time when the session should end to avoid interruptions caused by the end of the videoconference.</li> </ul>

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## 6. Knowledge, aptitudes and roles

### 6.1. Of the professional conducting the consultation

SITUATIONS	AVENUES FOR ACTION
<b>Knowledge</b>	<ul style="list-style-type: none"><li>• Knows the basics of videoconferencing equipment and technology used remotely.</li><li>• Knows the numbers for technical support and is able to explain their need to the technician.</li><li>• Knows the professional conduct rules of their profession.</li></ul>
<b>Aptitudes</b>	<ul style="list-style-type: none"><li>• Is able to judge if telehealth is the appropriate approach for the chosen moment or if this approach must be postponed.</li><li>• Is able to suggest transferable activities/exercises in telehealth.</li><li>• Is able to plan a variety of exercises or activities in case some do not work remotely.</li><li>• Is able to adjust/adapt quickly to the interests and needs of the user.</li><li>• Is able to give clear and concise directives to the case manager accompanying the user or directly to the user, depending on the case.</li><li>• Is able, when necessary, to share responsibility for the intervention as co-facilitator with the case manager accompanying the user.</li><li>• Is able, when necessary, to act as a “coach” with the case manager accompanying the user.</li><li>• Is able to be more expressive remotely than in-person, if necessary.</li></ul>
<b>Role</b>	<ul style="list-style-type: none"><li>• Must prepare the session and invite the case manager accompanying the user to do the same or refer them to support if needed.</li><li>• Can, depending on the case, play the role of observer, “supporter”, “coach” or co-facilitator.</li><li>• Give directives and demonstrations that are taken over by the case manager accompanying the user, as needed.</li><li>• Ensures the case manager accompanying the user conducts the exercise adequately in order to be successful.</li><li>• Ensures the use of necessary means to stimulate the user’s motivation (e.g. using an interactive whiteboard).</li><li>• Gives constructive and specific feedback.</li><li>• Gives their feedback once the activity/exercise is completed, but favours contact between the user and case manager accompanying them and delays their feedback if necessary.</li><li>• Ensures that the case manager accompanying the user is comfortable with their role and the new skills they acquire as the session progresses.</li></ul>

## 6.2. Of the case manager accompanying the user

«The case manager accompanying the user» can be a professional working with a user or any other person accompanying the user during the telehealth session (e.g. informal caregiver).

SITUATIONS	AVENUES FOR ACTION
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>• Is familiar with computer basics (using the mouse, opening/closing a file, opening a Web browser, copying/pasting URLs in a navigator, etc.), in case they use a Web videoconferencing application.</li> </ul>
<b>Aptitudes</b>	<ul style="list-style-type: none"> <li>• Is able to do necessary tests to master the technology.</li> <li>• Is able to ask for help if they do not master the technology (plan a time to familiarize themselves with the technology, if necessary).</li> <li>• Is able to ensure the physical and/or psychological safety of the user they are accompanying.</li> <li>• Is able to participate actively in the session. This is required and a key to success.</li> <li>• Is able to adjust/adapt quickly to the interests and needs of the user.</li> <li>• Is able to understand and apply the directives from the professional conducting the consultation (able to do it with minimum instructions).</li> <li>• Is able to reproduce the demonstrations proposed by the professional conducting the consultation.</li> <li>• Is able to tell the professional conducting the consultation what works and what does not work with the user.</li> <li>• Can manage the user's behaviour if necessary (otherwise consider adding a case manager who can manager the user's behaviour - specialized education technician or other).</li> <li>• Is able to collaborate with the professional conducting the consultation.</li> <li>• Is able, if necessary, to act as a co-facilitator and share the responsibility of the intervention with the professional conducting the consultation.</li> </ul>
<b>Role</b>	<ul style="list-style-type: none"> <li>• When required, is able to lead the session with instructions and coaching from the professional conducting the consultation.</li> <li>• Must prepare for the session according to the instructions from the professional conducting the consultation.</li> </ul>

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## 7. Routines for conducting activities

### 7.1. Routine for developing an intervention plan (IRP, ISP)

- **Consideration:** The professional conducting the consultation must primarily consider the relevance and real advantages of this approach compared to an in-person approach by reflecting on the following factors:
  - For the professional conducting the consultation:
    - Do I have access to the technology required and can I use it? Do I need training or coaching to use the technology?
    - Will the user or their caregivers be present during the intervention plan meeting?
    - If the user or their caregivers are present, will the case manager accompanying them be able to manage the physical and/or psychological safety of the user (e.g. user's behaviour)? If not, who should be involved in ensuring safety (e.g. specialized education technician, other professional involved in the case)?
    - Will the quality of the telehealth activity be sufficient? Will the telehealth activity contribute to the achievement of expected clinical results?
    - Will the telehealth activity improve accessibility to care and services?
  - For the case manager accompanying the user:
    - Will they have access to the technology required?
    - Will they be able to use the technology adequately?
    - Will they need training or coaching to use the technology?
    - Will they have access to a room suitable for conducting the activity?

**According to these answers, decide if you want to suggest a telehealth session or not.**

- **Planning/organization:** As much as possible, follow existing processes (e.g. videoconferencing reservation form, etc.):
  - Inform and discuss with the case manager accompanying the user about the possibility of conducting a telehealth activity.
  - Obtain consent from the user or their caregiver.
  - Verify that the case manager accompanying the user has the necessary technological material to conduct the activity (videoconferencing equipment or computer with a camera, speakers and microphone connected to the Internet).
  - Plan the session: date, time and approach.
  - Plan and discuss a plan B in case of technical problems.
  - Establish and discuss an emergency protocol, if needed.
  - Reserve the equipment and a room suitable for the session (size, brightness, etc.).
  - Send the information pertaining to the connection (when using Web videoconference).
- **Preparation:** Time required for the preparation should not be neglected:
  - Print the agenda, if necessary.
  - Prepare the session plan by clearly highlighting the items to mention.
  - Consider the possibility that you will experience difficult situations and think of solutions (e.g. technical problems, managing emotions, etc.).
  - Test the connection, if necessary.
  - Make sure to have on hand the contact information of the room where the remote case manager will be.

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- **Execution:**
    - Introduce the session:
      - Welcome everyone.
      - Adjust or have someone adjust the positioning of the cameras and lighting if necessary, to make sure you see well on both sides.
      - Recall the plan B in case of technical problems.
    - Start the session:
      - Recall the objectives of the meeting (if you are the facilitator of the session).
      - Ask to go around the table, if necessary.
    - Conduct the session:
      - Intervene when necessary.
      - Adjust or have someone adjust the positioning of the cameras and lighting if necessary, to make sure you see well on both sides.
      - Remind the plan B in case of technical problems.
    - End the session:
      - Say goodbye to the group.
      - As needed, ask to be alone with the user or their caregiver to intervene in a helping relationship and manage the emotional load.
      - Say goodbye to the user or their caregiver.
      - Disconnect from the videoconference.
  - **Conclusion:**
    - Complete the notes on file and compile statistics, if required (e.g. SIPAD).

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## 7.2. Routine for developing a therapeutic activity (therapy, intervention, follow-up, etc.) with a case manager accompanying the user

«The case manager accompanying the user» can be a professional working with a user or any other person accompanying the user during the telehealth session (e.g. informal caregiver).

- **Consideration:** The professional conducting the consultation must primarily consider the relevance and real advantages of this approach compared to an in-person approach by reflecting on the following factors:
  - For the professional conducting the consultation:
    - Do I have access to the technology required and can I use it? Do I need training or coaching to use the technology?
    - Is the case manager accompanying the user able to manage the physique and/or psychological safety of the user (e.g. user's behaviour)? If not, who should be involved in ensuring safety (e.g. specialized education technician, other professional involved in the case)?
    - Is the quality of the telehealth activity sufficient? Will the telehealth activity contribute to the achievement of expected clinical results?
    - Will the telehealth activity improve accessibility to care and services?
  - For the case manager accompanying the user:
    - Will they have access to the technology required?
    - Will they be able to use the technology adequately?
    - Will they need training or coaching to use the technology?
    - Will they have access to a room suitable for conducting the activity?

**According to these answers, decide if you want to suggest a telehealth session or not.**

- **Planning/organization:** As much as possible, follow existing processes (e.g. videoconferencing reservation form, etc.):
  - Inform and discuss with the case manager accompanying the user about the possibility of conducting a telehealth activity.
  - Obtain consent from the user or their caregiver.
  - Verify that the case manager accompanying the user has the necessary technological material to conduct the activity (videoconferencing equipment or computer with a camera, speakers and microphone connected to the Internet).
  - Plan the session: date, time and approach.
  - Plan and discuss a plan B in case of technical problems.
  - Establish and discuss an emergency protocol, if needed.
  - Reserve the equipment and a room suitable for the session (size, brightness, etc.).
  - Send the information pertaining to the connection (when using Web videoconference).
- **Preparation:** Time required for the preparation should not be neglected:
  - Prepare the session plan by clearly highlighting the clinical objectives to achieve.
  - Consider the possibility that you will experience difficult situations and think of solutions (e.g. technical problems, managing emotions, etc.).
  - Plan and prepare the material required for the session.
  - Send the list of materials required and the objectives of the session by email or by phone a few days in advance to the case manager accompanying the user.

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- Clarify expectations of the user (e.g. if it's a child, must they be seated in a high chair, at a table or free to move? If they must be seated, plan to sit them at the right time, not too early).
  - Test the connection, if necessary.
  - Ensure that the professional conducting the consultation and case manager accompanying the user have the contact information of the remote case manager on hand (e.g.: information of the room where they will be during the telehealth session).
  - **Execution:**
    - Introduce the session:
      - Welcome the case manager and user. It is sometimes useful to interact quickly with the user so they adapt well to being live, so they understand it is not a videorecording (e.g. describe how the user is dressed or give them a compliment on what they are wearing, especially if the user is a child).
      - Adjust or have someone adjust the positioning of the cameras and lighting if necessary, to make sure you see well on both sides.
      - Reiterate the plan B in case of technical problems.
    - Start the session:
      - Discuss with the case manager and/or user about the results of the previous session (if the user is a child, plan to give them a game to keep them busy during that time, e.g. to draw something they will show you at the end of the session).
      - Ask questions about the achievement of objectives between both sessions, discuss new elements that might have appeared in the meantime.
      - Present the objectives of the day's session.
    - Conduct the session:
      - If the user is a child, let them know that the work is beginning and make them sit down if necessary.
      - Give instructions, demonstrate the exercises and explain the objectives of each exercise.
      - If the user is accompanied by a case manager, work with them, coach them during the session on the way they intervene with the user.
      - Be more expressive than in-person, do not hesitate to exaggerate a movement or sound.
      - Give feedback at strategic moments or once the exercise is completed and not continuously (to the case manager and user).
      - Always give positive feedback.
      - Plan for age and exercise-appropriate rewards for the user (e.g. allow for play time when an exercise has been completed adequately, make soap bubbles, tell the story of a significant activity that happened during the week, etc.).
      - Congratulate the user, be expressive.
    - End the session:
      - If the user is a child, discuss with the case manager while the user is busy playing or has been sent to another room.
      - Congratulate the case manager and/or user for achieving the objectives of the session and summarize the successes of the session.
      - Discuss the pursuit of objectives or select new ones based on the day's results.
      - Discuss the integration of the session's objectives/exercises in the daily routine (does the case manager/user feel able to do it? When during the day is it best to integrate the new exercises? etc.).
      - Answer the questions of the case manager/user.

- 
- Plan the date of the next appointment.
  - Say goodbye to everyone.
  - Disconnect from the videoconference.
  - **Conclusion:**
    - Put away the material.
    - Complete the notes on file and compile statistics, if required (e.g. SIPAD).
    - If necessary, write a summary email to the case manager/user going over the objectives and exercises to integrate in the daily routine before the next session (health care network professionals, be careful of the privacy standards related to emails sent outside the secured health network).

### 7.3. Routine for developing a therapeutic activity (therapy, intervention, follow-up, etc.) with a user alone

- **Consideration:** The professional conducting the consultation must primarily consider the relevance and real advantages of this approach compared to an in-person approach by reflecting on the following factors:
  - For the professional conducting the consultation:
    - Do I have access to the technology required and can I use it? Do I need training or coaching to use the technology?
    - Does the user have access to a room suitable for conducting the activity?
    - Am I able to manage the physical and/or psychological safety of the user remotely (e.g. user's behaviour)? If not, who should be involved in ensuring safety (e.g. Caregiver, specialized education technician, other professional involved in the case)?
    - Is the quality of the telehealth activity sufficient? Will the telehealth activity contribute to the achievement of expected clinical results?
    - Will the telehealth activity improve accessibility to care and services?
  - For the user:
    - Will they have access to the technology required?
    - Will they be able to use the technology adequately?
    - Will they need training or coaching to use the technology?
    - Will they have access to a room suitable for conducting the activity?

**According to these answers, decide if you want to suggest a telehealth session or not.**

- **Planning/organization:** As much as possible, follow existing processes (e.g. videoconferencing reservation form, etc.):
  - Inform the user of the possibility to conduct a telehealth activity.
  - Obtain consent from the user.
  - Verify that the user has the necessary material to conduct the activity (videoconferencing equipment or computer with a camera, speakers and microphone connected to the Internet).
  - Plan the session with the user: date, time and approach.
  - Plan and discuss a plan B in case of technical problems.
  - Establish and discuss an emergency protocol, if needed.
  - Reserve the equipment and a room suitable for the session (size, brightness, etc.).
  - Send the information pertaining to the connection (when using Web videoconference).

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Note: In case the user is a teenager, it is necessary to have an adult reference to help them (e.g. in a school environment). It is with this adult reference that the sessions will be planned. It is also this adult who will take care of finding the material and the room suitable for the session. Plan B and the emergency protocol must be discussed with the adult and the teenager to know how to act before, during and after, in case of problems. Plan B and the emergency protocol must be more elaborate than when the user is present with a case manager during the session. The teenager must know what to do in case of problems.

- **Preparation:** Time required for the preparation should not be neglected:
  - Prepare the session plan by clearly highlighting the clinical objectives to achieve.
  - Consider the possibility that you will experience difficult situations and think of solutions (e.g. technical problems, managing emotions, etc.).
  - Identify the safety aspects to consider and implement during the session to ensure the safety of the user (physical and psychological).
  - Plan and prepare the material required for the session.
  - Send the list of material required, instructions to find a suitable room and the objectives of the session by email or by phone, a few days in advance, to the user or the adult of reference.
  - Send an email or call the user a few days before the session to ensure, when appropriate, that the material is/ will be ready and that a suitable room was found.
  - Clarify expectations of the user.
  - Test the connection, if necessary.

Note: In case the user is a teenager, the adult of reference might need to contribute to ensure the safety of the user (e.g. remain available during the session to intervene if needed).

- **Execution:**
  - Introduce the session:
    - Welcome the user. It is sometimes useful to interact quickly with the user so they adapt well to being live, so they understand it is not a videorecording (e.g. describe how the user is dressed or give them a compliment on what they are wearing, especially if the user is a child). Can also be done when the adult of reference is still present.
    - Adjust or have someone adjust the positioning of the cameras and brightness if necessary, to make sure you see well on both sides.
    - Recall the plan B in case of technical problems.
  - Start the session:
    - Discuss the results of the previous session with the user.
    - Ask questions about the achievement of objectives between both sessions, discuss new elements that might have appeared in the meantime.
    - Present the objectives of the day's session.
  - Conduct the session:
    - Give instructions, demonstrate the exercises and explain the objectives of each exercise.
    - Be more expressive than in-person, do not hesitate to exaggerate a movement or sound.
    - Give feedback at strategic moments or once the exercise is completed and not continuously.
    - Always give positive feedback.
    - Plan for rewards that are appropriate for the age of the user and exercise.
    - Congratulate the user, be expressive.

- 
- End the session:
    - Congratulate the user for achieving the objectives of the session and summarize the successes of the session.
    - Discuss the pursuit of objectives or select new ones based on the day's results.
    - Discuss the integration of the objectives/exercises of the session in the daily routine (does the user feel able to do it? When is the best time to integrate the new exercises during the day? etc.).
    - Answer the questions of the user.
    - Plan the date of the next appointment and approach (telehealth or in-person).
    - Say goodbye to everyone.
    - Disconnect from the videoconference.
  - **Conclusion:**
    - Put away the material.
    - Complete the notes on file and compile statistics, if required (e.g. SIPAD).
    - If necessary, write a summary email to the user going over the objectives/exercises to integrate in the daily routine before the next session (for the health care network professionals, be careful of the privacy standards related to emails sent outside the secured health network).

## 7.4. Evaluation

According to the members of the Practice Transposition Group, the remote evaluation seems less adapted with telehealth than in-person. However, some possibilities exist that need to be evaluated on a case-by-case basis.

- In some cases, it is impossible to do the standardized evaluation remotely (e.g. neuropsychology, occupational therapy, speech therapy, etc.) because specific material is needed, which is often available in small quantities (1 sample of the test) and the environment and instructions must be monitored.
- It is difficult to evaluate social functioning remotely because that aspect involves relationships. The users' interactions are observed in their life environment. The professional then needs to establish a relationship of trust which can be hard to do remotely. A hybrid approach could be useful in this case.

## 7.5. Observation

- It is possible to observe remotely with telehealth as long as some instructions are followed. It is important to consider the relevancy of the activity and functionality to get there, according to the objectives to achieve and clinical needs to fill:
  - When observing, it is essential to clarify the context, needs and objectives of the session, before starting the observation. It is necessary to have created a strong relationship of trust with the remote case manager before proceeding. Indeed, the case manager can ask for an observation of a user without realizing that the observer might make more comments on their practice than the user being observed.
  - During the observation, the user might need to move within the space, which would make observing difficult in a close-up. When the objective of the session is to observe the user in their space, it is important to clarify the expectations of the user (user standing or sitting, foot positioning, etc.) and the case manager accompanying the user (handling of the material, computer, camera, etc.).
- Issues related to the material required (headset, laptop, microphone, etc.) can complicate the activity depending on the objectives to achieve.
- Observation needs can vary depending on the discipline. A wide shot can be requested to see the user in their environment (e.g. youth interacting with the rest of their class) or a close-up to see a specific situation (e.g. foot placement when sitting at the desk).

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- If necessary, an observation in two steps with the hybrid approach is advised, a first observation in-person and a second one remotely to complete initial data collection.

## 7.6. Guidance/coaching

Guidance or coaching is closely related to the observation and evaluation activities. To be able to offer guidance to a case manager or caregiver (e.g. parent of the user), the observation of the user in their environment must have happened first. This observation can be done in-person or remotely as suggested above. Once again, it is necessary to clarify the objectives and expectations for the case manager in order to address their needs and the needs of the user adequately.

## 8. Managing difficult situations

In certain cases, you may experience difficult situations with the telehealth intervention, and they can be hard to manage. Note that it is important to evaluate what is difficult due to the telehealth approach versus what is difficult in general in your traditional clinical practice. What is difficult in your traditional practice will most likely be even more difficult remotely (e.g. disinvestment of the caregiver toward the user's therapy). It is important to be conscious of this in order to complete successfully your telehealth activities.

### 8.1. Managing the therapeutic/trust relationship

The scientific literature consulted seem to indicate that it is as easy to establish a relationship of trust in-person than remotely. Despite all this, the members of the Practice Transposition Group suggest establishing a relationship of trust before starting the telehealth activities. Whenever possible, it is advised to start with the activities in-person and then migrate progressively toward remote activities. The hybrid method can also be used.

### 8.2. Managing emotions remotely

It is important to prepare the session well in advance, and to plan for time to manage the situation. So, to prevent an "emotion management" type of problem during a group appointment, plan according to the case and your professional judgment:

- Ensure someone on site can take care of the user or their caregivers if hard news is announced.
- Agree with the user or their caregiver or remote case manager on the course of action to follow post-appointment.
- Extend the videoconference period by 15-20 minutes in case you need to discuss the appointment with the user or their caregiver. In this case, it might be adequate to ask the people present to leave the room to discuss alone with the user or their caregivers to reflect on the appointment and verify some concerns.
- Reflect on the appointment by phone a few hours or days after the appointment.

### 8.3. Managing attention/interest

It can be difficult to keep the user's attention, especially if you are dealing with a child. It is necessary to explain the context of the intervention to the case manager accompanying the user (including the caregiver) so they can prepare the environment in order to minimize potential distractions (e.g. in front of the computer, reduce stimuli - mirror, door, window, television, etc.), occupy brothers and sisters or other children present, etc.

### 8.4. Managing the user's motivation

Using interactive whiteboard applications freely accessible on the Internet can help propose clinical activities or reinforcing activities to the user while providing a playful aspect to the session. Mainly useful for young users, these activities can include games (e.g. tic-tac-toe, bingo) or drawing (example of a free application: LIMNU - <https://limnu.com/>).

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## 8.5. Managing the informal caregiver's motivation

To promote the caregiver's motivation in participating in the intervention, the professional conducting the consultation must make them understand that they have a role to play in the session. From passive participant, they must at least become co-facilitator. The session's success depends on their involvement since they will have to reproduce demonstrations, handle material, offer positive reinforcement, etc.

## 9. Conclusion

This Guide was developed to help professionals integrate telehealth in their everyday practice. Exploring telehealth and its application are essential to familiarize yourself with this approach, facilitate its use and be able to identify situations where it can be relevant and beneficial. We hope the content of this Guide will inspire professionals and make them want to use telehealth as a complementary, additional or alternative means of delivering care and services.

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## Appendix I Informing the user

### Type of service proposed

- Ask the user if they ever experienced videoconference in their daily life (Skype, FaceTime, etc.).
  - If so, use their experience to explain what will be done.
  - If not, explain to them that telehealth is used to deliver health services remotely with secured information and communication technologies.
- Explain the specific goal of using this approach instead of the “in-person” approach (e.g. to increase the frequency of therapies, to have all the case managers involved in the child’s case around the table, to promote accessibility to services, etc.).
- Specify that the session will be held in real time, so everything the user can see, the professional can see it too.

### Technological means used

- If possible, perform a demonstration before conducting the first session or discuss the technology that will be used.
- Explain roughly how the session will be conducted (e.g. “You will be at home and will connect with me through a secured Internet link that will be sent to you before the session. I will be in a room at the rehabilitation centre...”).
- Talk about the safety aspects: no recordings, secured network and platform.
- Whenever possible, it is interesting to show the user the room where the professional will be conducting the session. This gives visual context. Same goes for the room where the user is. This can also be done through videoconference during the first session.

### Advantages

- Go through the list of advantages, see the Advantages section in this document.
- **Limits**
- Discuss potential difficulties (no sound, no image, interruptions during the session, etc.) and mention actions to take (wait for my call, disconnect and reconnect).
- Explain that there can be a delay with the audio and suggest waiting 1 or 2 seconds, if necessary, before speaking during a discussion.
- Explain that because of the way the camera is positioned above the screen, the user may have the impression that the professional is not looking at them. Explain why (camera above the screen, so look at the screen to see the user).

### Risks

- Inherent to the type of therapy (falls, suicide risk, emotion management, etc.).
- Possibility that the technology might not work on that day and that the intervention may need to be postponed.

### Possible alternatives

- Conduct a session in-person (involving travel and delays).

### Others

- Ask the user if they have questions and confirm their comfort level with the use of telehealth.
- Encourage users to indicate if some adaptations could improve their level of comfort and trust (e.g. telling them how to remove the PIP (picture in picture) option - the possibility to see yourself in the corner of the image - do a test, etc.).
- Let them know that if they have a complaint, they can file it with the complaints commissioner and the institution’s quality of service department.



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