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A Pro Bono Physical Therapy Clinic's Pandemic Pivot to Telehealth and Its Impact on Student Readiness for a First Full-Time Clinic Experience

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A Pro Bono Physical Therapy Clinic's Pandemic Pivot to Telehealth and Its Impact on Student Readiness for a First Full-Time Clinic Experience

Abstract

Purpose: The COVID-19 pandemic of 2020 led to a multitude of adjustments in physical therapist education. This article will describe the delivery model pivot that a student-run pro bono clinic made to sustain client care and student experience. The change in delivery model also led to a change in care model. The purpose of this study is to explore the impact that the change in delivery and care model within the student-run pro bono clinic had on student readiness for a first formal clinical education experience. Methods: This qualitative investigation utilized participant journals and a focus group to capture participants' reflections and experiences in the first four weeks of their full-time clinical experience. Content analysis guided the research team in the data analysis. Triangulation, an audit trail, reflexivity, and member checking further enhanced confirmability of findings. Results: Seven participants kept journals and participated in the focus group. Six categories of impact emerged, three because of the change in delivery to telehealth and three due to the change in care model which led to increased continuity of care. The three categories related to telehealth included 1) impact on clinical skills, 2) facilitating communication, and 3) window into their home. The three categories specific to increased continuity of care included 1) clinical reasoning skills, 2) documentation, and 3) client rapport. Conclusions: Telehealth and the increased continuity of care presented advantages and disadvantages to student readiness. Post pandemic, student leaders should consider ways in which they might retain the positive outcomes of the switch in delivery and care model while resuming care in-person.

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ABSTRACT

Purpose: The COVID-19 pandemic of 2020 led to a multitude of adjustments in physical therapist education. This article will describe the delivery model pivot that a student-run pro bono clinic made to sustain client care and student experience. The change in delivery model also led to a change in care model. The purpose of this study is to explore the impact that the change in delivery and care model within the student-run pro bono clinic had on student readiness for a first formal clinical education experience. **Methods:** This qualitative investigation utilized participant journals and a focus group to capture participants' reflections and experiences in the first four weeks of their full-time clinical experience. Content analysis guided the research team in the data analysis. Triangulation, an audit trail, reflexivity, and member checking further enhanced confirmability of findings. **Results:** Seven participants kept journals and participated in the focus group. Six categories of impact emerged, three because of the change in delivery to telehealth and three due to the change in care model which led to increased continuity of care. The three categories related to telehealth included 1) impact on clinical skills, 2) facilitating communication, and 3) window into their home. The three categories specific to increased continuity of care included 1) clinical reasoning skills, 2) documentation, and 3) client rapport. **Conclusions:** Telehealth and the increased continuity of care presented advantages and disadvantages to student readiness. Post pandemic, student leaders should consider ways in which they might retain the positive outcomes of the switch in delivery and care model while resuming care in-person.

Keywords: pro bono physical therapy, pandemic, delivery model pivot, student readiness

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INTRODUCTION

The novel coronavirus (COVID-19) was declared a global pandemic by the World Health Organization (WHO) on March 11, 2020.[1] On March 18, 2020, Widener University paused all on-campus instruction and activities which included the on-campus interprofessional student-run pro bono clinic services. Concurrently, second-year students (Class of 2021) found themselves delayed in the start of their full-time off-campus clinical experiences. Six students in leadership roles (student leaders) committed to exploring the option of continuing pro bono clinic services via telehealth while they awaited clearance to start full-time off-campus clinical experiences.[2]

The American Physical Therapy Association defines telehealth (also known as telerehabilitation) as the use of electronic information and telecommunication technologies to remotely provide health care information and services.[3] When considering client satisfaction, this alternative to in-person rehabilitation has been found to be both feasible and acceptable.[4] For physical function outcomes, the delivery of telehealth services has been found to be comparable to in-person rehabilitation and better than receiving no rehabilitation at all.[5,6] In fact, instead of being considered a gap in the face of a pandemic, Cottrell and Russell and Soso-Marti et al purport telehealth as an effective alternative to in-person rehabilitation.[6,7] The Commonwealth of Pennsylvania Physical Therapy Practice Act was silent on the use of telehealth to deliver physical therapy services. The scope of practice of the physical therapist along with core documents of the American Physical Therapy Association support use of this mode of therapy delivery.[8] At the time, reimbursement for telehealth services was variable and determined by individual insurers. Since the interprofessional student-run pro bono clinic does not seek insurance payment for services provided, reimbursement was not a challenge.

The interprofessional student-run pro bono clinic (Clinic) offers physical and occupational therapy, clinical psychology, and social work services to clients who are uninsured or underinsured. Before the pandemic, the Clinic operated four nights a week for two hours with six physical therapy clients per hour and a supervisor to student ratio of 1:6. With the onset of the pandemic, the six Class of 2021 student leaders proposed a pilot transition to a telehealth system, operating four nights a week for three hours, and a 1:2 supervisor to student ratio. Student leaders researched practice acts, current literature, webinars, and logistical challenges. They developed a proposal including logistical and safety procedures, obtained permission from the university, and communicated the plan to their classmates. They launched the transition to telehealth on May 4, 2020. The student leaders were not participants in the study and did not co-author this research paper.

The Clinic supports the didactic portion of the curriculum[9] and positively impacts student performance in their full-time clinical experiences.[10,11] Using journal entries and focus groups, Poretta et al found that students perceived client interaction, clinical instructor (CI) interaction, and professional communication to be enhanced due to their prior pro bono clinic experience.[10] Work by Erdman et al. two years later included the perspective of the students and their CIs in the full-time clinical experience.[11] Data from both the students and their CIs demonstrated that participation in a student run pro bono clinic (in person) aids in facilitation of student readiness to take part in their first full time clinical education experience. The CIs reported higher than expected performance in cultural competence as well as examination skills. These studies demonstrate the positive impact that the traditional in-person participation in the Clinic can have on the DPT students in their first full time clinical education experience. The Class of 2022 had a very different pro bono clinic experience with the shift to telehealth in May of 2020. The purpose of this study is to explore the impact that a pandemic pivot of an interprofessional student-run pro bono clinic to telehealth services had on physical therapy student readiness for a first formal clinical education experience.

METHODS

A qualitative research design centered on content analysis informed this study. Participants were DPT students in their second year of study (Class of 2022) in the Doctor of Physical Therapy Program at Widener University who had participated in telehealth and were entering their first formal clinical education experience. The research was approved by the Widener University Institutional Review Board. Participant recruitment happened within a class meeting prior to the start of the first full-time clinical experience. Seven students gave informed consent to participate in the study. Six of the seven participants completed their clinical experience in an outpatient setting, while one participant (participant #3) was placed in an inpatient environment. All seven students participated in face-to-face client care prior to the pandemic for an average of 24 hours. All participants served at least one client via telehealth from June 2020 until leaving for their first full time clinical experience in April of 2021.

Data collection consisted of journal entries and a focus group. Each participant kept a weekly journal during the first four weeks of their full-time clinical experience noting influences that the pro bono telehealth experience had on their full-time clinical experience. The guide for the journal is included in Appendix A. Upon completion of the full-time experience, the seven students participated in a 45-minute focus group, allowing for further elaboration and group discussion around the experience. The focus group guide is included in Appendix B.

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Data analysis included triangulated review of journal entries and focus group transcript in an iterative qualitative fashion by the five researchers. Each researcher independently coded the de-identified data and identified basic meaning units. The two student researchers have completed a 2-credit course in qualitative research that included training in qualitative data analysis. The researchers convened and compared findings until consensus of emergent mutually exclusive and parsimonious categories were reached. The faculty researcher with qualitative experience guided this process. The audit trail included five conceptual drafts that evolved over time with discussion and a revisiting of the data before agreeing upon the final conceptual framework.

Trustworthiness of the findings was enhanced by triangulation, positionality, reflexivity, comprehensive exposition, and member checking. The positionality of the researchers contributed diverse lenses, allowing for checks and balances of perspectives. Two of the researchers were student members of the Class of 2022. The other four researchers were faculty who served as licensed supervisors in the telehealth experience. Throughout the data analysis, all six researchers practiced reflexivity, calling upon one another to identify biases and to constantly return to the data for confirmation of findings. Comprehensive exposition was practiced with an audit trail of five conceptual frameworks evolving over a period of two months of consideration and discussion. The time between drafts allowed for researchers to conduct a comprehensive revisit of the data for more accurate refinement of the conceptual framework. The fifth conceptual framework was sent out to participants for member checking. One of the participants questioned the researchers' interpretation of "increased attention to non-verbal cues." After explaining the definition of this point, the participant agreed that it represented their experience with telehealth and the clinical education experience. All seven participants verified that the framework summarized their experience.

RESULTS

Figure 1 depicts the findings as a sequence of events (pink) with resultant six categories of impact (boxed). The first event was the pandemic which led to a subsequent change in mode of service delivery to telehealth. The change to telehealth led to a change in the model of care. Rather than a model where students participated in large teams to treat clients, teams of two students were paired with one telehealth supervisor who saw the same telehealth client every week thus increasing continuity of care.

Data analysis demonstrated three categories of impact related to the telehealth mode of delivery and three to the change in model resulting in increased continuity of care. Categories specific to the change in mode of delivery were Impact on Clinical Skills, Facilitation of Client Communication, and Window into their Home. Categories specific to change in model with resultant continuity of care were Enhanced Clinical Reasoning Skills, Improved Client Rapport, and Improved Documentation Skills. Representative quotes from the data further illustrate these categories.

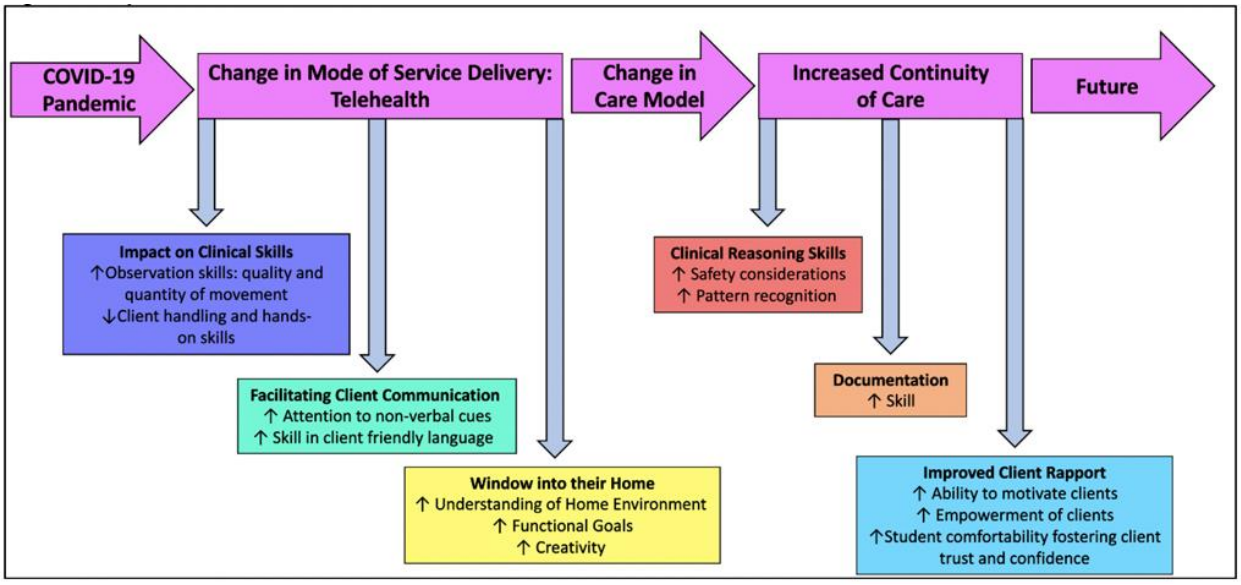

Figure. Sequence of Events and Themes

Change in Mode of Service Delivery: Telehealth

Impact on Clinical Skills

The transition to telehealth had both positive and negative impacts on students' clinical skills. Observational abilities were enhanced during this time because of the significant reliance on visual input during the virtual sessions, and the gains carried over to clinical education experiences:

> *My observational skills have slowly improved since participating in telehealth …(and) were very valuable this week. I was able to pick up on the same things that my CI was seeing and was ready with a response every time he asked me "What do you see?" when performing gait analyses or exercises with patients. I feel that prior to telehealth, my observational skills were not as sharp as they are now. (Participant #1)*

> *Another thing I have noticed is how observant I am of the patients during their sessions and how quickly I recognize if they aren't doing something right or need something. I believe these things come almost effortless to me now because of doing telehealth. We really had to rely on communication and observation through a computer screen during telehealth sessions. (Participant #6)*

On the other hand, kinesthetic psychomotor skills such as manual therapy, patient handling dexterity and the use of tactile cues for exercise instruction were not developed with the virtual environment as highlighted by the following student comments:

> *It didn't really help enhance any of my hands-on skills because of the virtual nature of telehealth. (Participant #3)*

> *There were many times with telehealth that I would wish I could put my hands on my patient(s) to apply a mobilization, manual stretch, soft tissue massage, etc... (Participant #1)*

> *Overall, I do struggle with patient handling simply from a lack of experience with (in-person) patients and different body types. (Participant #2)*

While the ability of students to observe the quality of client movement patterns was honed, students were unable to utilize measuring tools and thus relied on visual estimations of movement testing for data gathering. Students were challenged by the lack of these hands-on opportunities when they got to their clinical education experiences as noted by the following:

> *I struggled taking goniometric measurements. While I could remember the placement and landmarks, it felt awkward doing it as I have not practiced in a long time. (Participant #2)*

> *I feel out of practice with hands on skills... I found myself having to get used to being comfortable touching patients and having confidence in myself. (Participant #4)*

Facilitation of Client Communication

Themes of improved client communication due to the switch from in person to telehealth treatments were identified. One common theme was the incorporation of non-verbal cues.

> *... helped me learn how to use words and body language and facial expressions to understand a patient and evaluate their response. (Participant #4)*

Another common theme within client communication was improved skills using client friendly language and the resultant improvement in ease of communication

> *Overall, my ability to put physical therapy terms into patient friendly terms has really been improved with telehealth. (Participant #4)*

> *I have had multiple interactions with patients that just came so easily to me this week. The flow of conversation, explaining exercises, and overall interactions with my patients has been so smooth. I feel if we did not have telehealth, I would probably still be rusty, but I feel I am excelling with it. (Participant #6)*

When combining improved use of non-verbal communication and patient friendly language the students also experienced an overall improvement with interview skills due to the switch to telehealth.

> *...the most effective tools we possess over a telehealth setting are our observation and communication abilities, this helped me to really ask the right questions during my subjective interview for my patients. My CI told me that I was very thorough, and I think having that extra practice from collecting data through questions over telehealth helped. (Participant #1)*

Window into their Home

With the transition from treating clients in person to treating clients via telehealth, one of the main themes noted by the students was how they were able to obtain a "window" into the clients' home. This allowed the students to better understand their clients' home environment:

> *...very valuable understanding the home environment of the patient and how it can hinder or help progress. It can be a great basis for creating functional goals. (Participant #7)*

> *...in telehealth since we did get a window into their home and what they have available to use for their HEP. (Participant #6)*

Since most clients did not have equipment typically found in an outpatient physical therapy facility, students had to improvise with household objects. The students felt as though this led to the use of more functional activities:

> *The exercises I thought of for my telehealth patients were very functional so maybe my brain jumps to functional exercises first after seeing my patients exercise inside their homes. (Participant #2)*

While the use of household objects leads to more functional goals and interventions, it also forced students to become more creative:

> *I started taking the lead on several evaluations and treatments this week and had to be creative with how the sessions were managed, which reminded me of telehealth because we had to work with what we had in the patient's house. (Participant #3)*

Change in Care Model: Increased Continuity of Care

Enhanced Clinical Reasoning Skills

As noted previously, the change in mode of service delivery (telehealth) resulted in a change in the care model which subsequently led to an improvement in continuity of care. Enhancement of clinical reasoning skills was reported by students to be one important product of increased continuity of care. Clinical reasoning skills were found to be enhanced in two ways: 1) client safety considerations and 2) pattern recognition.

The newly modified care model allowed students to believe their clinical reasoning skills associated with safety were enhanced. The increased familiarity of the student with the client allowed them to assess important safety aspects more accurately for evaluation and intervention.

> *...I had to think creatively to ensure patient safety and effectiveness of my treatments because the patients had so many comorbidities. It reminded me of telehealth because we had to find creative ways to maintain patient safety. (Participant #3)*

> *While this is key even for in-person clinic, I found taking vital signs became important during my telehealth sessions when unable to exactly see how a person was responding to exercise. (Participant #2)*

> *With telehealth, I had to think of ways to assess a client's balance without putting them at risk. (Participant #7)*

By working with the same client throughout the course of care, the student physical therapists were able to identify clinically relevant patterns. Pattern recognition allowed them to link appropriate diagnostic thought processes as well as relevant intervention strategies.

> *It prepared me to look for aberrant movement patterns, assess their shoulder range of motion and look to see if there was a capsular pattern. It also helped me to know what to look for with range of motion deficits just by observing the patient's active range of motion. (Participant #7)*

> *I encountered another patient similar to a (telehealth) patient. The patient was being evaluated for a shoulder injury that produced pain through cross body, overhead, and behind the back movements. I was able to utilize some of the same techniques with this patient for their home program that I had with my telehealth patient. (Participant #1)*

> *A few patients reminded me of the telehealth clients. They had similar impairments that resulted in similar treatments. I found myself remembering back to interventions and exercises I implemented... (Participant #6)*

Improved Client Rapport

The participants consistently noted increased comfort interacting with clients and attributed that comfort to their experiences treating clients in telehealth. This increased comfort led to the facilitation of increased client rapport.

> *Telehealth really prepared me for this first clinical experience. I was comfortable talking to the patients, explaining exercises to them, and providing patient education. I truly believe I was only successful in those categories because of telehealth. Had we gone a year without patient interaction through the pro bono clinic, I think it would have taken me longer to get used to being around patients again. (Participant #6)*

Not only did the participants express comfort with client interaction, their CIs noted it as well.

> *This week my CI complimented me on my comfortability with patients. I think part of that can be attributed to my telehealth experience. Especially when I was seeing the same patient every week, I got comfortable talking with my patient, explaining exercises, educating my patient on certain aspects, and taking an interview. (Participant #2)*

And finally, participants acknowledged how telehealth enhanced their development of client rapport and attributed it to the change in model that resulted from the switch to telehealth.

> *I have heard a lot of positive feedback from patients that have really appreciated the continuity of care...having familiar faces. Telehealth helped us because you were with the same client consistently. (Participant # 7)*

> *In telehealth, I learned how to appropriately guide a conversation to get information I need from the patient without making them feel unheard. (Participant #4)*

Improved Documentation Skills

Participants mentioned improved documentation skills because of increased continuity of care. Evidence of increased practice and increased efficiency with documenting as well as improved skills with navigation of the Electronic Health Record (EHR) are the themes.

> *I got a lot of practice documenting every week when I was treating and documenting seeing the same patient each week. Now in my clinical I feel like I can type up a daily note quickly, and my CI compliments my notes. (Participant #2)*

> *Documentation helped us practice because before telehealth, you're probably in (the clinic) maybe once a month. But telehealth is getting at least once a week practicing, and you're advancing this documentation and adding new things... that helps because then you go to clinical, and you're writing every day. (Participant #5)*

> *…I feel like having an opportunity to be on telehealth gave us a chance to work on our documentation and refine it. (Participant #1)*

DISCUSSION

Student preparedness for their first full-time physical therapy clinical experience was significantly influenced by participating in the student-run pro bono clinic via telehealth. The shift in mode of physical therapy delivery to telehealth resulted in the following: improved observation but diminished hands-on skills; strengthened client communication; and improved functional considerations

with the window into the home. The shift to a telehealth delivery model also led to a change in care model that facilitated continuity of care which subsequently enhanced clinical reasoning, documentation skills and client rapport.

Table 2 provides comparison findings across two previous studies that were conducted in the same pro bono clinic pre-pandemic. In the first study, Poretta et al captured the impact of the pro bono clinic experience on preparedness for a first full-time clinical experience from the perspective of only the student.[10] In a subsequent study, Erdman et al gathered the same information adding the perspective of both the student and their CI.[11] This current study captures the shift in delivery mode to telehealth and the resultant evolution of the care model that was a result of the external restrictions on face-to-face contact due to the pandemic. In comparing these three studies, all note improved client rapport/interaction, clinical reasoning, documentation, and communication. The present work found improved clinical skills with the exception of hands-on skills and had the additional benefit of the "window into their home."

Table 2. Comparison of Themes Across Studies

Porretta et al 2017	Erdman et al 2020	Present Work
- Client interaction - Clinical instructor interaction - Professional communication - Competency: Documentation, Examination, Intervention, Clinical reasoning, Cultural competency *Overarching*: Increased confidence	- Client interaction - CI interaction - Cultural competency - Documentation - Interprofessional interaction - Examination - Clinical reasoning - Intervention *Overarching*: Increased comfort and preparedness	*Change in Mode of Delivery: Telehealth* - Impact on clinical skills - Window into their home - Client communication *Change of Model: Continuity of Care* - Client rapport - Clinical reasoning - Documentation

Shift in Clinical Skill Competency

Poretta et al and Erdman et al identified positive effects on examination and intervention with student experiences in the pro bono clinic pre-pandemic.[10,11] However, this current study highlighted the limitations of the virtual environment due to lack of kinesthetic client information. Malliarias et al reported that clinicians delivering telehealth services commonly believed that telehealth was not as effective as in-person care because the lack of physical contact would limit diagnostic and treatment efficacy.[12] In a systematic review on telehealth, Seron et al later found this perception to be untrue, stating that it was comparable to in-person care for musculoskeletal conditions.[5] Without the benefit of hands-on evaluation, students needed to rely more heavily on other evaluative skills. In this study, clinical skills related to observation of movement and posture appeared to be positively affected. Through this experience it is likely that students' enhanced observational skills positively impacted their clinical decision making and development as clinicians.

Enhancement of Clinical Reasoning

In comparison to the findings of Poretta et al and Erdman et al, enhanced clinical reasoning emerged with greater frequency in this study and can be attributed to the pattern recognition opportunity afforded by the increased continuity of care.[10,11] Improvement in clinical reasoning skills was one of the byproducts of the necessary changes made to the student run pro bono clinic's care model. More experienced clinicians have been shown to be able to reach diagnostic decisions more quickly and accurately because of their ability to recognize clinical patterns, in addition to hypothetico-deductive reasoning.[13] Therefore, it is reasonable to believe that the change in care model was beneficial to both the client from a quality-of-care perspective as well as the student from a pedagogical perspective.

Another category of impact related to improved student clinical reasoning skills was improved attention to client safety. Because the students were unable to practice safety measures afforded by a face-to-face treatment environment, they were compelled to consider and implement safety measures virtually. For example, to adequately assess a client's balance, the client is typically challenged to the point of loss of balance. Practice via telehealth had to be modified significantly since the clinician is not present to guard the client during this potentially dangerous time. Students developed a heightened awareness of safety and conducted appropriate clinical reasoning to adapt to the virtual environment. Other studies have corroborated that telerehabilitation is safe to practice.[4,14-16]

From Client Interaction to Client Rapport

While the work by Poretta et al identified a category of "client interaction" and Erdman et al a category of "comfort with client interaction," this most recent study captured a category of "improved client rapport," likely a result of the model shift promoting

continuity of care.[10,11] Students found this model of care allowed for improved verbal communication, nonverbal communication and familiarity with the patient. All of these factors are important elements to providing effective patient-centered care.[17]

Interestingly, Gratch et al stated that the development of rapport with patients was hindered when providing physical therapy services via telehealth when compared to face-to-face services due to the belief that this form of interaction came with significant barriers to the understanding of non-verbal communication cues.[18] Randall supports this concept reporting that students also felt that interpersonal connection via telehealth felt inferior to in-person interaction.[19] In contrast, this study found that students experienced an improvement in developing client rapport during the telehealth sessions. This difference is most likely due to the improved continuity of care that resulted from repeated sessions between the same client and CI.

Emphasis on Function

An emphasis on function was an emergent theme that did not appear in the Poretta et al or Erdman et al studies and can be attributed to the change in delivery mode to telehealth.[10,11] Participants noted an increased attentiveness to function that carried into their clinical experience where they did not have a "window into the home." Instead, they sought to attain a picture of the client's daily surroundings with their questioning.

Using telehealth, students were able to see inside the clients' homes during each session. Typically, one may receive a verbal description of a home layout but rarely do outpatient therapists actually see the client interacting with their own home environment. Providing rehabilitation interventions at home has been found to be an important way of supplying context to the intervention in a way that is useful for the patient's functioning within their natural environment.[20] Observing the client's home in real time allowed the students to understand what obstacles the clients were navigating not only during the session, but daily. While conducting sessions in the home, students could notice how the client navigated their stairs or got up from their own furniture. If the student noticed a deficit, they could create interventions to help improve these functional tasks. The students needed to adapt the interventions to the clients' goals and improvise with what the clients had at home, which resulted in a need for creativity. As such, there was an increase in understanding the clients' home environment, increased attention to functional goals, and increased creativity from the student physical therapists.

Limitations

A limitation of this work is the small sample of seven participants, only one of which had a clinical education experience in the acute care setting; the clinical education experiences of the other participants were in an outpatient setting. The participant in the inpatient setting had less journal content and subsequently the fewest quotes, perhaps indicating less impact of this telehealth outpatient exposure on their first full time clinic experience. A larger sample size with equivalent distribution across practice settings may have helped determine if this finding was an outlier. The seven participants; however, provided a rich description of their experience, allowing for identification of impact categories and comparison to previous pre-pandemic, pre-telehealth research.

Lessons learned include the value of a "window into the home" and the improved continuity of care that resulted from the shift in the model. Future considerations might be to incorporate a telehealth session as part of the care plan to facilitate observation of the home setting and its specific challenges even when return to in-person services are restored. Additionally, if the change in the care model can be sustained as in-person services resume, the benefits that resulted from the improved continuity of care should be continued.

CONCLUSION

As technology advances in the healthcare field and physical therapy programs seek to utilize telehealth while providing pro bono clinic learning opportunities, this study may help clarify the potential benefit of these experiences to student learning and performance on initial full-time formal clinical education experiences. Telehealth may be a useful platform for students to reach more clients and expand the variety of preparatory clinical experiences.

Although telehealth lacks a hands-on component of treatment, it also forces students to increase the skill level of different techniques such as verbal and non-verbal communication and observation to successfully treat the client. There could be significant improvements in verbal communication and problem solving due to the nature of providing physical therapy via telehealth. A telehealth session provides a "window into the home" that facilitates consideration of function. The shift of pro bono clinic services to telehealth had both positive and negative effects that impacted the students' full time clinic experience. As in-person services resume, the positive aspects that resulted from the pandemic pivot including a visual window into the home environment and improved continuity of care should be retained.

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APPENDIX A

Journal Guide

Thank you for your willingness to participate in this study. For the first four weeks of your clinical experience, please keep a journal reflecting on the following:

- Reflect on any experiences that you had this week that reminded you of a telehealth experience
- Reflect on how that telehealth experience prepared or didn't prepare you for that in-person experience
- What skills or knowledge that you gained from telehealth have you found valuable this week?

APPENDIX B

Focus Group Guide

Thank you for your willingness to participate in this focus group.

- Tell us about the setting of your full-time clinic experience
- What types of clients did you see?
- What was the geographic region of your clinical setting?
- Talk about ways in which you felt the telehealth pro bono experience helped prepare you or did not help to prepare you for the clinical experience

Prompts:

- interpersonal client interactions,
- relationship with CI,
- communication,
- interprofessional care,
- culturally competent care,
- social determinants of health considerations,
- clinical reasoning and decision-making,
- documentation,
- emergency situations

Prompt for examples

- What overall comments or recommendations do you have?

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