**Transcript of Interview conducted between Dean Sutherland and SB (Speech-language therapy practitioner) carried out via Zoom on Friday 9th October 2020**

Acronyms

DS = interviewer

SB = interviewee

… = umms, ahhs, unintelligble etc

XXXX = identifiable individual

LSVT = a structured voice treatment therapy programme

DS: So thanks S for agreeing to participate in the… interview… are there any questions about the…where we're going with the interview or how it's going to work from your end?

**SB: Um no I haven't got any questions. I'm just going to go with it and answer what I can and let you know if I can't answer some, you know, if I haven't got any experiences in that area that, you know, you've asked me about so…**

DS: And as I said, this is a test run…so… we will feel free to pause and reflect on the question and ask me about why I phrase it like this and even suggest other ways alternative ways of phrasing the question.

**SB: Okay.**

DS: As you see fit…you are critical friend is how I see you as well.

**SB: Good.**

DS: So the first we're gonna I'm gonna ask some questions about demographics. Your demographics. So the discipline you’re in, which I know what that is…Speech and language therapy.

**SB: Yeah.**

DS: And so thinking about the work over lockdown…ethnicity of patients are you happy to share that information.

**SB: Yeah, . the ethnicity would have all been European. Yeah.**

DS: NZ - European.

**SB: Yeah.**

DS: S are you happy to share how many years you've been in practice?

**SB: I think I'm close to 15 now… I haven't sat down and worked that out. But yeah, I think it's been about that long.**

DS: Great… your current role. Could you describe your current role for me?

**SB: That’s a hard one because I'm in transition. I suppose that during the lockdown period that I was in, I was working for a private company who provided therapy for patients that had had gone through the ACC process. So it was all brain injury. And yeah, I mean, I did a few other things since I moved here. I've done some work at Burwood hospital as well… prior to that I was in Auckland doing community speech therapy for adult clients through the DHB.**

DS: Wonderful…So the service you worked for during our game as a private company ACC funded.

**SB: Correct.**

DS: Primarily with brain injury clients.

**SB: Yes. Great.**

DS: Wonderful… so was it just brain injury clients thinking about during lockdown particularly or were there other potential…

**SB: I had another person that I was working with who had a voice… a voice issue and over time or just after lockdown… he was able to go and see a Specialist about that and he was found to have a vocal fold bowing on one vocal fold. So I've been with have been working with him over lockdown with that and have worked with him so far, since in on some therapy that I'm doing with him but I feel like it probably needs to go to someone else when I go… [Interviewee soon to leave NZ to take up a posting overseas]**

DS: Wonderful. S thinking about prior to covid and lockdown… had you had any experience with Tele health - telemedicine consultations.

**SB: …a little bit. Not a lot, and it was more about history taking it was it was less about therapy than it was about getting all of that information that we need before we start therapy.**

DS: Okay. What were the telehealth/ telemedicine platforms you utilized during lockdown?

**SB: …I used to ZOOM and I used teams Microsoft Teams.**

DS: And could you describe your level of comfort when you started using Telehealth -telemedicine during lockdown…as far as using those platforms.

**SB: Yeah, I suppose it was new to me around doing therapy this way and I had a feeling that I wasn't going to be able to provide as good a therapy as I could face to face. But, in fact, I think there were some benefits from having that distance almost not actual distance but distance being in each other's homes… things happen behind the scene and you know Mum coming over with a cup of tea and all of that sort of thing... you know, as I think it was a much more relaxed type of way of providing the service… because I'm not sitting in someone else's home. I'm in mine and they’re in theirs and we have that connection. And I suppose that you hit some issues around technology that you had to get through as well because sometimes it just didn't work. So it was that to cope with but I think the experience has really made me feel much more comfortable with this type of therapy… as I was forced into it. Wasn't my choice.**

DS: You mentioned about some of the technology challenges. Were there specific causes that…you identified as contributing to that.

**SB: … I think that we don't know what our clients’ technologies platform is…we don't know how fast their computer works. It's all of those issues. I don't. I didn't know if they'd uploaded the program. Well enough. You know, it was just all of those things. Most mostly technical and then also sometimes when I was doing the LSVT I could SEE him doing it, but I couldn't HEAR him doing that because the technology wouldn't let me hear… it must have been a frequency level or something, but it would cut out sometimes. So, it was those issues.**

DS: …so you were in your home in your client was at the home. Did you have any other situations where you were involved with telemedicine Telehealth with you were somewhere else or your clients were somewhere else?

**SB: …no it was all home to home. Yep.**

DS: Was your choice of zoom image teams based on organizational requirements or personal requirements.

**SB: It was what I knew. So I went to what I knew because I knew that would be easier. It's not necessarily what they knew but it seemed to work okay.**

DS: … thinking about zoom and in his teams. Did you have a preference…

**SB: I like Teams alot.**

DS: Can you expand on the benefits of Teams compared to ZOOM.

**SB: Yeah, I think it's more stable somehow. I didn't have as many technical issues with it. I think the… just the technology worked better and that there's probably thanks to Microsoft. They do a lot of that sort of thing. And they're very good at that. So maybe that's why but teams just seemed to work better.**

DS: Were there any Telehealth/ telemedicine activities that involved other health professionals during covid lockdown.

**SB: Not not therapy. We did have team meetings, so we would have a screen full of people's faces. Which was kind of weird, but yeah. Another thing to cope with…but. Yeah. So those went really well. But as far as therapy is concerned I just had those are those few that I did through the lockdown.**

DS: And with the clients you worked with doing lockdown with there any other people present with them at their end.

**SB: Yeah, so when I was working with the little boy I had his whole family there… they weren't visible but I could hear them… and, you know, Mum would be directly beside him. She was very careful about his interactions with other people. And so she was there monitoring everything, but that was good because you know I mean she's learning it as well. So she can reinforce what we're doing at home. So that that worked perfectly well. But yeah, that took a little bit of getting used to kind of having that whole family around.**

DS: What… I'm thinking about that having a family around. What are some tips and strategies or things you did that helped that work?

**SB: I think I was, you know, LSVT is such a structured program and I think I was like, well, this isn't normal. I'm not going to act normal around this and have it just one-on-one with this little one, because the whole family is going to be involved in his after-therapy therapy…you know, so they all knew what it was all about. They were all doing that doing it from time to time as well. So I think it was a really valuable 12 sessions… 16 sessions, actually. Yeah.**

DS: …were there any other strategies or things you had to do to prepare the client / his family for sessions?

**SB: I think I probably put the same amount into it prior to the session, and I would have if it was face to face… I probably had to have a bit more…have a think about what I would do if the technology failed me… where face to face it is or it isn’t you know… where with technology…it would it would for some reason not work so well when he was doing high frequencies and that sort of thing. So yeah, I think that there were issues, but none of them were surmountable they were it is it is what it is. And you just get on with it.**

DS: Can you think of any specific issues.

**SB: Just the just the technology really and I suppose, from my perspective, I would have liked to have been in front of him…I don't know why. Maybe that’s just that human to human thing I don't know… it did feel distanced…I did feel…a little bit… less comfortable.**

DS: When you mentioned the technology was it related to bandwidth?

**SB: I'm not sure it was when he was doing his you know you've done LSVT have you?**

DS: Not for about 10 plus years.

**SB: So, you know, they do those long loud RRRRRs right and you try and get them as long as you can in sounding really good. So when he was started off with them. I could hear him, and then all of a sudden he would cut out. So I actually didn't know what was happening at those times. I did when we came out of lockdown. I went over and I was listening to him face to face. And actually he’s sounding great. And he was probably doing great while we were in Zoom. So yeah, that was a risk, I think.**

DS: You know the Quality of the connection and the audio particular.

**SB: Yeah, audio.. just audio really, I didn't have any problems with anything else. Yeah.**

DS: Did you get any informal feedback from your client or whānau - family.

**SB: …no I think that they really, and I did hear you know mum to saying that they they were enjoying the sessions. I think it was a break in their day it was something different. He was working of course from home around school as well…so if he was going to school with normal times, then I would have had to have done at either side of that time… school time. So actually, it just became a part of his day and worked really well for that reason, I think.**

DS: Do you think has experience with doing school via zoom I assume helped with your sessions.

**SB: I think he was comfortable with them, perhaps because of the school sessions. I'm not sure they did that match over lockdown level 4, for I think they're just kind of fudged it a bit cause he seemed to only do a short amount of time with schoolwork on the computer.**

DS: That would be consistent with what I observed in this household

**SB: Yeah. I think, fair enough. Yeah.**

DS: I'm thinking about the enablers / barriers and I think you've already alluded to the barriers particular technology and audio can you think any positives / enablers, the use of Telehealth /telemedicine.

**SB: I think it puts distance between you, which might make some clients feel more comfortable with it… it just feels like you are apart because you are physically but you can still have all those conversations you would have if you were face to face with someone but yeah I don't think. I can't. The fact that I could do it over lockdown was an enabler. You know, because otherwise, without this I wouldn’t have been able to give that to him.**

DS: Any other barriers outside the technology / connection sort of thing…you can think of?

**SB: … I think the sessions weren’t as long because you didn't have that time to chat… or you didn't have that opportunity to I suppose to chat as much… the only chatting we did was at the end of therapy when I was trying to get him to talk loud without a therapy base around it… know we just had a conversation and I would say is that loud enough? Do you feel it that sort of thing. But, um, yeah, I don't think the sessions with LESS effective. I think they were MORE effective via telehealth. Right now.**

DS: With LSVT is there any physical hands on things that you might do if it was in person?

**SB: No. No. It's all about what you're hearing what you're seeing. Yeah.**

DS: I'm getting through these questions.

**SB: Is that good. Is that what you expected?**

DS: You're information is relevant and I'm sure will be informative for the, the research so fantastic.

DS: Did the structure of your consultation or your sessions change much, as a result of doing it via teach - thinking about the conversation.

**SB: Yeah, I think. I, I didn't change anything on purpose. Because I wanted it to be as as LSVT as I could get it… I think maybe if I maybe if I'd been in front of him face to face I would have been able to monitor his high pitches a little bit easier, and that sort of thing, but when after lockdown when I went to see them… he actually was doing them beautifully…so I expect that he was right through. But I didn't know that until the end.**

DS: So you saw that success in person once Lockdown was over and..

**SB: Yes I did… it was very rewarding. Yeah.**

DS: …are you familiar with the Ministry of Health Telemedicine guidelines?

**SB: No. I didn’t know there were any.**

DS: Are you aware of any guidelines in that space.

**SB: No.**

DS: Did you use any template or written guide during sessions?

**SB: I'm just the template of LSVT which was the same thing each section… and I think perhaps, that was good because we both knew what we were going to do before we met on Zoom so. Yeah.**

DS: Did you have any training for use of telehealth/ telemedicine equipment?

**SB: Oh, I've got a technology partner. So yes I did. That it wasn't, it wasn't, you know, a formal type of training, it was, how do I do this thing and show me. And so that was beneficial for me and had I not had that and I probably would have had to go find someone.**

DS: And was it related to accessing starting sessions and the likes?.

**SB: Yeah, I was just downloading Zoom and and getting them to download zoom and getting us connected and you know all of that…getting into Zoom and making sure that it's working…I was a bit concerned around privacy issues because I’ve heard some things about Zoom that you actually could be having someone else listening to what's going on and you don't know they’re there that I'm, you know, I thought, well, I've got to do this so and I have no other platform, apart from Teams. So I just got on and did it. It's not like we were talking about anything very personal. It was just a lot of noise and a lot of laughter.**

DS: But you did have a lot of laughter during sessions.

**SB: Yeah we yeah I think that a lot of it was him. He's just a delightful person to work with….and he enjoyed it. I could see that…and so I think that was a really easy way to work.**

DS: Right, only a few more questions here and we nearly done.

**SB: Wow. Yeah.**

DS: … thinking about looking forward, based on your experience during lockdown and the use of Telehealth/ telemedicine any key learning needs… you might have going forward?

**SB: Needs, that I might have?**

DS: Yeah, yeah.

**SB: I think probably if I had more experience with technology I would have been less anxious about it… If I had meet… if I've meet the person prior to the sessions that might work well… I only met him once, and then we were in to it…so and the other person I worked with, I hadn't I hadn't made at all. So I think that having that that first initial assessment, face to face, and seeing each other and knowing you know how each other's personalities are then I think that might make the Zoom easier. Like sitting here talking with you. I'm quite comfortable and not not concerned at all but if I was sitting here in front of I don’t know, XXXX, maybe I'd be a little bit more anxious because I don’t know her quite as well, you know, yeah.**

DS: Yeah.

**SB: So I think that helps.**

DS: Great... has the experience of using Telehealth / telemedicine during lockdown changed your practice or might it change your future practice.

**SB: It’s definitely changed my practice in that it's an option now... prior to this it wasn't an option. I didn't even think about doing anything like this. And when I think about going to Australia where you've got a lot of space out there, outside of the city that you'll be working with people with... then maybe this is an option for them instead of traveling so I think it's opened up a lot of possibilities. Even working with a person on another country.**

DS: yeah... I'm nearly finished with these questions.

**SB: You might have to write some more.**

DS: Without looking at the transcript share and there's a lot of really useful things that you've raised that I that I'm sure be very informative to the research project as a whole and the last formal question is, is there anything you would like to add or ask?

**SB: I suppose... I would like to ask you... where abouts you might be heading with this like are you thinking about some sort of learning session around providing therapy.**

DS: Yes, so I guess so. It's an interprofessional group that we’ve got looking... at looking at this research project with with Dale in nursing and Aaron who's in health sciences, there’s a NICU pediatric specialist...and there's a number of other health professionals involved. And I think part of is that interprofessional aspect...and in looking at going forward. If we can prepare, obviously, there's the research...publications presentations, but perhaps we could have a practical how to guide come out of it. That might be a little bit more accessible than the ministry's telemedicine guidelines. Yeah, a little bit more practical and…Yeah. It's been, it's been good for me to reconnect with some of the team that I used to work with, when I was based in health sciences some time ago.

**SB: Well, I think that we know that this will probably come around again. I mean, I don't think this is the last pandemic we’ll see... and so I think that's amazing that you're doing this because I think it's kind of prepare as much better for the next time I think even the fact that I didn't know that there are ministry guidelines has helped... I'll be going and looking at that, although you know it'll be different in Australia.**

DS: Do you want me to flick them to you?

**SB: Oh, I would be great. Yeah, that'd be perfect. I'm glad you're doing this. It's great. I’d love to get the results. Yes.**

DS: Absolutely. So we will be seeing you a copy of the summary of the themes and results and so forth...would you like a copy of the transcript of this discussion to look at?

**SB: No, I don't need that. Thanks.**

**<END OF FORMAL INTERVIEW>**

**Further personal discussion took place as interviewer and interviewee knew each other.**