

May 21, 2020

Dear CVRTs,

ACVREP has been receiving many inquiries about how to provide Vision Rehabilitation Therapy (VRT) services differently since the COVID-19 pandemic began. The health and safety of those we serve and fellow professionals, prohibits us from engaging in the ideal service delivery model of face-to-face contact. Technology offers the CVRT a variety of new ways to make remote service delivery possible, and current social distancing rules provide the incentive to hone our tele-services and quickly develop new professional practices. This letter will address some of the unique challenges remote services present and provide recommendations for the ongoing development of such services.

The CVRT Code of Ethics addresses these challenges:

Section 1: Commitment to the Learner (2) The Vision Rehabilitation Therapist will take all reasonable precautions to provide for the physical safety of the learner from conditions that interfere with learning and protect the best interest of the learner.

Section 3: Commitment to the Profession (1) The Vision Rehabilitation Therapist will exercise professional judgment related to the practice of vision rehabilitation therapy services.

The Subject Matter Expert Committee has been working over the past few weeks to discuss these challenges and has identified key concerns for CVRTs to consider:

1. Risk Management

Developing creative and innovative instructional strategies to best support our learners during this time is exciting; however, some inherent risks may make this type of instruction unsuitable for some learners through remote means. Phone calls, quality of verbal description and the use of various camera angles may provide less information to the CVRT than the tactual, auditory and visual feedback that is available when working with a learner in-person. With this in mind, analyze the risk to a learner's safety when considering which skills to address through virtual learning strategies:

A. Risk Assessment: Take the time to complete a risk assessment as part of your initial program design and at the start of each lesson. Be sure to include:

- Open and Ongoing Communication: Discuss with the learner the lesson plan and review the perceived risks from both your perspective and that of the learner. Pay particular attention to training in skill areas where perceived risk may be higher including (but not limited to), cooking with an oven or stovetop, knife skills, some indoor mobility-related tasks, home repairs, etc. If during a given lesson, you or the

learner deem the risk too great, suspend training on that skill-set and move to re-assess the need to address the skill virtually.

- Movement During a Lesson: Many supporting skills and concepts that do not involve the learner moving unattended during a lesson may be addressed using tele-service models. Take particular care to impress upon the learner the importance of being stationary while talking on a hand-held device.
- Individuality of the Learner: It is important to acknowledge that each learner is an individual and for some learners, there are lessons that should only be taught in-person as this is the only way to mitigate risk. Decisions as to what is taught will depend highly on a variety of individualized learner characteristics, including past experience, skill level, visual acuities, age and presence of additional challenges, etc.

B. Documentation and Reflection: Take time to document the risk assessment process and conclusions made during each lesson and the learner's overall program. Note the level of independence achieved during the lesson and any additional supports or supervision that is required for the learner to perform / practice a new skill. Locating resources and other supports to ensure the learner's immediate needs are met, is also an acceptable level of service during this time. The learner may need to receive face-to-face instruction on some skills once social distancing restrictions have been lifted.

C. Resuming Face-to-Face Services: As the Covid-19, shelter-in-place restrictions are being considered and in some places removed in a systematic process, it is important to continue to assess the potential risk to your learners, their families, yourself and the community before returning to face-to-face instruction. Refer to the WHO, CDC and local governmental recommendations for the provision of services and then apply your own professional judgement to take all precautions necessary to protect the most vulnerable of our population. You and the learner, should abide by any procedural practices your government and workplace require regarding the taking of temperatures, use of protective gear, etc. While we know the desire to help, provide training and support is high, it is imperative that we proceed with an abundance of caution.

2. Evaluation of Instructional Strategies for Tele-services

It has been exciting to see the creativity and collaboration that the Covid-19 crisis has inspired within our field. Many new ideas, strategies and instructional resources are being developed and shared on-line and through professional forums each day. The innovative ideas and open sharing is one of the strengths of our field.

Not all content shared has been designed by CVRTs, nor utilizing best practice guidelines. It is up to each individual CVRT to evaluate the quality of any resource you find, even when it comes from experienced and reputable professionals. Just because the strategy works for some learners does not mean it is right for everyone. We encourage you to:

- Evaluate the resources and information and compare it to recommended best practices.
- If you are unsure, reach out and collaborate with another CVRT or vision professional.

- Discuss your ideas, thoughts or plans with the learner, their family members or other supports.
- When collaborating, take time to ask the hard questions, evaluate the strategies for risk and problem-solve when necessary.
- As you test new strategies, evaluate how they worked and build this assessment into the brainstorming process. Encourage those with whom you share new techniques to do the same.
- As you find new strategies and techniques, share them with your peers to advance the capacity of our field to address learners' needs.

The COVID-19 pandemic has been a difficult time for many of our learners. We need to be sensitive to the fear, anxiety and changes it has forced on every individual in our communities. However, it has also provided numerous opportunities for creativity and innovation within our profession. ACVREP welcomes the growth to the field of Vision Rehabilitation Therapy and encourages its professionals to continue to promote safety and wellbeing for all as we move forward together with learners, colleagues, professionals and others.

Respectfully,

ACVREP CVRT Subject Matter Expert Committee

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