

Supplemental Material S3. Meta-synthesis themes.

Theme number	Theme name	Representative quotes
1	Constant comparison of telehealth with in-person guides attitude and acceptance	<p>"By reflecting on the degree to which their experiences with telepractice were consistent with principles of face-to-face therapy, clinicians confirmed the legitimacy of telepractice." – Hines</p> <p>"The SLPs felt that telepractice delivery increased learning for the students by eliciting more responses. Telepractice therefore "accelerates improvements," is conducted at a "faster pace," and leads to more rapid student progress and dismissals from therapy. The telepractice format helps students understand that the SLP cannot be with them all the time, and perhaps recognizing the value of their time in therapy, might work more intensively." –Tucker</p>
2	Telehealth presents barriers and opportunities for communication	<p><i>"The personal connection would never be the same on a screen. Even though I am able to talk with the patient on the screen, it would never be the same as sitting in front of someone. [...]"</i> – Damhus</p> <p><i>"It might give us another opportunity to link in with the healthcare service or the GP ... so working more as a team."</i> – Cottrell</p>
3	Lack of telehealth education and training impacts clinician confidence	<p>"When discussing the rural and remote participants in her group, SLP 2 noted '<i>That's why it's so wonderful, is that it provides an opportunity for that really important part of aphasia rehabilitation, and that's finding out you're not alone</i>'" – Pitt</p> <p><i>"it's not just as easy as sitting in front of [the] camera and both ends and away you go, there's probably a significant amount of learning on how to do that effectively"</i> (p. 14) – Cottrell</p> <p>"Some SLPs may think online therapy is too hard or that it is a simple matter of 'logging on to the computer and typing.'" - Tucker</p>
4	The flexibility of telehealth changes	<p>"TR was also perceived as an interim rehabilitation while waiting for the DR sessions, which could range from 2 to 4 weeks. '<i>Patients are discharged already; it acts as an interim(.)</i>'"</p>

	service delivery options and access for patients	<i>Eventually they will go to day-care or day rehab center (...) it acts as a consistency in maintaining their functional status”</i> – Tyagi
		“SLPs considered remote support models most useful for maintenance and client follow-up, where sustained in-person service was not always viable.” – Anderson
		<i>“if I had a client starting something right away I think a weekly check-in where I can say okay, this has been your week ... have a look at the data you’ve compiled, we can chat about it briefly ... then, as they progress through the program, they become more self-sufficient then there’s less and less follow-up ... sort of a weaning schedule.”</i> – Inskip
5	The telehealth environment creates challenges with safety and engagement	“For healthcare professionals, (internet) connections which could not guarantee the privacy and safety of personal data was a barrier in the uptake of eRehabilitation. <i>‘It is a must that eRehabilitation programs meets the privacy requirements. Data transport must be safe.’</i> ” – Brouns
		“One of the main barriers perceived by the therapists was patient assessments, highlighting the inherent limitations of the virtual platform like inability to physically test muscle power or balance.” – Tyagi
6	Technical components and support are influential to the telehealth delivery process	“Similarly, the participants in this study experienced that technical tasks increased their preexisting work burden and undermined their professional identity” – Damhus
		<i>“The biggest pressure on me as a clinician was making resources available to be used and the medium that we were given, which was Adobe Connect™. That was the biggest time pressure and that was the hardest thing.”</i> – Hines
		“SLPs also described logistical barriers to telepractice, such as the availability and set-up of the technology.” – Anderson

Note. Direct quotes made by participants are shown in italics. Non-italicized quotes are from the original study’s authors.