Collaborative Supervision Models
Are Two (Or More) Students Better Than One?

Debra Hanson

Collaborative (2:1) fieldwork models, in which two or more students are assigned to one fieldwork educator, are less common in occupational therapy education but, when carefully planned, offer benefits to both students and fieldwork educators.

Bartholomai and Fitzgerald described the implementation of a collaborative (3:1) model of fieldwork education in a regional hospital occupational therapy department. In planning for implementation of the model, a student placement coordinator was identified within the facility to coordinate preparation activities. Multiple student orientation folders were developed with weekly schedules to ensure all students had access to relevant information. Supervision session outlines were developed for both group and individual supervision sessions, linking specific learning activities with competencies required in the student evaluation form. Meetings were held with occupational therapy personnel to discuss their roles in conducting individual and group supervision sessions and peer-learning opportunities. The university was used as a resource in planning and piloting the model and educating staff on the use of peer and self-directed approaches to learning. The complexity and continuity of the supervising therapist’s caseload was carefully considered, as a high proportion of the fieldwork educator’s caseload was allocated to the students being supervised. The understanding, input, and support of occupational therapy colleagues and the multidisciplinary team were considered essential to successful use of the model.

ALTERNATIVE FORMAT

The collaborative model of clinical education used at the Mayo Clinic in Rochester, Minnesota, offers yet another format for student supervision. Primary fieldwork educators, referred to as clinical education coordinators (CECs), teach, coordinate, plan, and supervise up to five students in one clinical area as a primary job responsibility. CECs do not routinely see patients as part of their jobs; students (who begin with relatively few patients) progress to 75% of full-time therapists’ caseloads by the end of the experience. Through the use of the model, CECs have increased opportunities to develop and refine instructional skills and are more than twice as productive on average as staff therapists in the same department.

Students report to their CEC daily and receive both group and individual supervision. They teach and learn from one another through collaborative problem-solving of patient cases. Student surveys (N=15) indicated that the students value the model, with all respondents stating they believed they received the same or higher quality experience as would be offered in a 1:1 model. Student comments revealed additional learning benefits, including the opportunity to collaborate and learn from other students, heightened development of problem-solving skills, exposure to new ideas, and the opportunity to learn through teaching and leading.

SUPERVISOR PERSPECTIVES

Thirteen practice educators representing the disciplines of occupational therapy, physical therapy, and speech-language pathologists were interviewed individually regarding their views of the collaborative fieldwork model. For many respondents, their first experience of adopting the model was not carefully planned; rather, the model was offered in response to fieldwork shortages. Those who offered wider learning opportunities beyond hands-on experiences involving patient contact were more positive about the learning experience provided. In contrast, those who did not take advantage of collaborative learning strategies but approached the experience from an “apprenticeship” perspective expressed greater concerns about the quality of learning experiences and supervision available to students.

Organization, good teamwork, supportive colleagues, and space were considered essential to the model’s success. It was generally believed that the number of patients seen was either maintained or reduced, but patient care was uncompromised. Students
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all agreed that a rich family or social life, good health, and engagement in a variety of meaningful and interesting activities create life satisfaction. Research supports the need for programs that empower and teach individuals how to lead satisfying, quality lives.7 Educating the staff at the center and enhancing an existing program demonstrated how meaningful and purposeful leisure activities can promote a better quality of life for older adults. As occupational therapists, we can use our unique skills and talents to educate and collaborate with the staff and clients in adult day-care settings in creating ways to promote older adults’ engagement in meaningful and purposeful occupations.

References

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