Introduction to Peer Learning and the 2:1 Model of Supervision

Contents

- Learning Objectives
- Background
- What is peer learning?
- What is the 2:1 model?
- Why use it for student learning?
- What are the pros and cons?
- What is the TCD model? How it works.
- Framework – incremental task exposure, peer discussion, clinical reasoning, student peer assessment and observation, scripting
- Assessment
- What documentation supports this model (Timing of Events Timetable, Clinical Reasoning Form, Guidelines for TCD 2:1 Supervision Model.
- What barriers and challenges for you?
- Additional information - Adult learning/Small group learning/fostering teamwork
Learning Objectives

• Understand peer learning and the 2:1 supervision model
• Understand how to use the adapted TCD model of 2:1 supervision and the framework that supports the model
• Understand the documentation related to the model
• Consider possible barriers and challenges with a 2:1 placement in your clinical site

Why are the Practice Education team under taking research into the 2:1 supervision model?

• The best model for clinical education for physiotherapy students has not been established\(^1\).

• Understanding the impact of different approaches on the development of clinical skills assists in the identification and development of strategies for effective clinical education models\(^2\).

• A HSE report reviewing the practice education system in Ireland in 2011 recommended that alternative models should be explored in the provision of clinical placements\(^3\).
Why the 2:1 model?

- Clinical placements have traditionally taken the format of the 1:1 model: one supervising physiotherapist to one student.

- It has been suggested that paired and group placements provide an opportunity for enhanced learning, clinical competence and participant satisfaction. 4, 5

- A 2:1 model of student supervision places two students with one clinical supervisor.

- Several studies have recommended the 2:1 supervision model in clinical placement, as this appears to encompass all the advantages of peer-support and peer-learning. 6, 7, 8, 9

- Some of the advantages of the 2:1 placement model are described as improved communication, shared learning, and reduced dependency on the clinical educator. 10

What is peer learning

- Peer learning essentially refers to students learning with and from each other in both formal and informal ways as fellow learners without any implied authority to any individual.

- Based on the tenet that “Students learn a great deal by explaining their ideas to others and by participating in activities in which they can learn from their peers”. 11

- The emphasis is on the learning process, including the emotional support that learners offer each other, as much as the learning task itself.
What is the 2:1 Model?

• THE 2:1 MODEL OF SUPERVISION PLACES 2 STUDENTS WITH ONE PRACTICE EDUCATOR
  • Students see patients together.
  • Clear roles are identified for each learner.
  • Reflection plays a key role in the learning process.
  • Reflection and feedback takes place with the Practice Educator during or after each patient episode during initial stages of placement or at regular intervals during the day as the placement progresses.

Why is peer learning important?

• Formalised peer learning can help students learn effectively by:
  – Collaborative learning promotes team work in preparation for future jobs
  – Students develop skills in organizing and planning learning activities
  – More opportunities to practice practical skills etc with peer
  – More understanding of learning how to learn (Peer scripting form)
  – Professional development – developing peer coaching skills, ability to build a relationship of trust, respect and confidentiality
Advantages of 2:1 Supervision Model

- Students felt more comfortable and confident
- Students support each other (contributed to a feeling of belonging/reassurance in the sense of someone else with lack of knowledge in the clinical area/less intimidating e.g., I can’t rem how to do this text even though we saw it yesterday)
- Students could talk to each other about many issues and challenging assumptions
- Clarify ideas and developing new understanding and knowledge (Group discussion and reflection can facilitate a deeper understanding, Boud, 1998)
- Improves students performance through practice and peer feedback. Develop new skills through sharing skills set
- May be less intense than 1:1
- Students become more resourceful
- Demonstrating and practicing treatment techniques was easy
- Improved communication skills
- Team working promoted among staff/students. Improved social skills
- Reduced dependency on the clinical educator giving supervisor more time for other work.
- Educators felt that own clinical reasoning and professional practice was enhanced
- Increased departmental activity

Potential Disadvantages

- Absence/sickness of student or clinician problematic
- Timing important e.g., not when change in junior rotations
- Different levels of knowledge
- There may be problems with relationships and competitiveness between students
- Students fear they may not receive adequate supervision
- Increased paperwork for PE
What is the TCD model and how do you use it?

Framework to Support the 2:1 Placement

1. Incremental exposure to skills acquisition
2. Peer observation, scripting and peer feedback
3. Peer group discussion
4. A clinical reasoning framework
1. Incremental Exposure to Skills Acquisition

- **Rationale** - to enable students to fully explore techniques and decision-making associated with learning new skills while avoiding being over-whelmed and/or skipping over detail.

- Students focus on one of two aspects of the physiotherapy process each week e.g. week 1 of placement, specific focus on data collection and communication skills. Add a new focus gradually over the six weeks.

- **A Timing of Events Timetable** 4 describes the progressive skills implementation programme to guide supervision.

- Learning new skills were structured into incremental steps beginning with documentation and communication and gradually adding tasks over the six weeks.

2. Peer Observation, Scripting & Peer Feedback

- Fostering the development of psychomotor and communication is a key aspect of learning for physiotherapy students.

- Studies have shown that observing a peer model positively influences the acquisition of psychomotor skills 5.

- Students map the performance by the observed learning model and develop a blue-print of the to-be-learned task that acts as a reference while performing the task 6.
2. Peer Observation, Scripting & Peer Feedback

- For some patient episode the student is assigned the role of patient assessor or observer/scriptor. The role of the scriptor is to observe and record everything the other student says and does with their patient to be able to give the other student accurate feedback. Recording patient comments/reactions are also useful.

- A ‘Peer Observation – Scripting Form’ was developed to guide students during the scripting process.

- Students will be educated on giving and receiving peer feedback. Format used for giving feedback was two stars (strengths) and a wish (area that needed development).

Feedback - Two stars & one wish

- Two strengths

- Identify an areas that needs development

- Give feedback in this order. The student who is not taking the lead with a patient should position him or herself in the background and should not interrupt.
3. Peer Group Discussion

- Group discussion of the students experiences is used on a weekly basis to develop clinical reasoning and reflective practice skills.

- Once a week the students present a learning episode selected from their experiences that week. Encouraged to link it to incremental their learning task.

- Students are allocated 10 minutes to present their experience followed by 10 minute discussion around key learning issues. Guidance was given for the use of probing questions.

- Supervisors are invited to participate, but are encouraged not to dominate the discussion or overwhelm students with unrealistic expectations at the early stages of the skill development at this may be counterproductive. Informal atmosphere.

Group Discussion

• **Five Teaching Microskills**
  - (use in any order appropriate to the situation)
  - Get the student to commit to an opinion about the facts
  - Probe for supporting evidence
  - Teach general principles rather than rules specific to the case
  - Tell students what they did right
  - Correct mistakes

*Suggestion – this should be a student run group. Delegate a different student each week to take charge of running the group discussion e.g. arrange room, time, order of events, email/tell all participants. It might be useful for PE or PT to run first session. Other team members could attend or run session.*
4. Clinical Reasoning Framework

- A clinical reasoning framework provides a methodical and sequential process for the decision-making that is used in clinical practice.

- A standardised clinical reasoning form developed for use in physiotherapy undergraduate clinical education is available on the website.

- Students are requested to complete a clinical reasoning form and present to the PE/PT during the placement to build their clinical reasoning skills and EBP.

Clinical Reasoning Form

- ‘Associated thinking and decision-making processes that occur in clinical practice leading to the implementation of autonomous and correct clinical action, rather than simply following a set of rules’ (Higgs & Jones, 1995).

- A clinical reasoning framework providing a methodical and sequential process for the decision-making that is used in clinical practice. The steps in the framework include:
  - gathering information
  - clarifying and prioritising a physiotherapy diagnosis
  - using clinical judgment to identify the factors contributing to the problem(s)
  - establishing goals
  - deciding on treatment strategies
  - implementing intervention
  - measuring and evaluating outcomes

- Use Clinical Reasoning form available on the TCD website
### Peer Learning Education Model 2013/2014 TCD Discipline of Physiotherapy
Illustration of a 2:1 paired placement Peer Learning Education Model

**Scenario 1** – Students A&B get to observe or “shadow” their Practice Educator. The students may be given responsibility for database collection or SOAP documentation but the Practice Educator demonstrates all aspects of Assessment & Treatment.

<table>
<thead>
<tr>
<th>Key:</th>
<th>A= Student A</th>
<th>B= Student B</th>
<th>+PE= Educator (PE or PT) present</th>
<th>+/-E=Educator may or may not be present</th>
<th>*= patient present</th>
</tr>
</thead>
</table>

#### Patient Assessment / Treatment Session

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Data Collection (database &amp; staff)</td>
</tr>
<tr>
<td>2.</td>
<td>Subjective Assessment*</td>
</tr>
<tr>
<td>3.</td>
<td>Peer observation of total encounter (scripting)*</td>
</tr>
<tr>
<td>4.</td>
<td>Presentation of Subjective</td>
</tr>
<tr>
<td>5.</td>
<td>Objective Assessment*</td>
</tr>
<tr>
<td>6.</td>
<td>Treatment Planning</td>
</tr>
<tr>
<td>7.</td>
<td>Presentation of Objective &amp; Treatment Plan</td>
</tr>
<tr>
<td>8.</td>
<td>Peer Feedback on Assessment &amp; Plan</td>
</tr>
<tr>
<td>9.</td>
<td>Treatment Session*</td>
</tr>
<tr>
<td>10.</td>
<td>SOAP notes / documentation</td>
</tr>
<tr>
<td>11.</td>
<td>Reflection &amp; overall feedback</td>
</tr>
</tbody>
</table>

#### Scenario 2

<table>
<thead>
<tr>
<th>A + B</th>
<th>Patient W</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>A + B +/- PE</td>
</tr>
<tr>
<td>2.</td>
<td>A +/- PE</td>
</tr>
<tr>
<td>3.</td>
<td>B +/- PE</td>
</tr>
<tr>
<td>4.</td>
<td>A + PE</td>
</tr>
<tr>
<td>5.</td>
<td>A +/- PE</td>
</tr>
<tr>
<td>6.</td>
<td>A + B +/- PE</td>
</tr>
<tr>
<td>7.</td>
<td>A + PE</td>
</tr>
<tr>
<td>8.</td>
<td>B + A + PE</td>
</tr>
<tr>
<td>9.</td>
<td>A +/- PE</td>
</tr>
<tr>
<td>10.</td>
<td>A +/- PE</td>
</tr>
<tr>
<td>11.</td>
<td>A + B + PE</td>
</tr>
</tbody>
</table>

#### Scenario 3

<table>
<thead>
<tr>
<th>A/B</th>
<th>Patient X/Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>A/B +/- PE</td>
</tr>
<tr>
<td>2.</td>
<td>A/B +/- PE</td>
</tr>
<tr>
<td>3.</td>
<td>Nil</td>
</tr>
<tr>
<td>4.</td>
<td>A/B + PE</td>
</tr>
<tr>
<td>5.</td>
<td>A/B +/- PE</td>
</tr>
<tr>
<td>6.</td>
<td>A/B +/- PE</td>
</tr>
<tr>
<td>7.</td>
<td>A/B + PE</td>
</tr>
<tr>
<td>8.</td>
<td>Nil</td>
</tr>
<tr>
<td>9.</td>
<td>A/B +/- PE</td>
</tr>
<tr>
<td>10.</td>
<td>A/B +/- PE</td>
</tr>
<tr>
<td>11.</td>
<td>A+B + PE</td>
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</tbody>
</table>

#### Scenario 4

<table>
<thead>
<tr>
<th>A + B</th>
<th>Patient 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>A +/- B</td>
</tr>
<tr>
<td>2.</td>
<td>A +/- PE</td>
</tr>
<tr>
<td>3.</td>
<td>B +/- PE</td>
</tr>
<tr>
<td>4.</td>
<td>Nil</td>
</tr>
<tr>
<td>5.</td>
<td>A +/- PE</td>
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<td>6.</td>
<td>A +/- PE</td>
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<td>7.</td>
<td>A +/- PE</td>
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<tr>
<td>8.</td>
<td>A +/- PE</td>
</tr>
<tr>
<td>9.</td>
<td>A + B +/- PE</td>
</tr>
</tbody>
</table>

**Note:** For Scenario 2 & 4, students rotate being student “A” for consecutive patients.

Scenario 3 – is “traditional” 1:1 format and may “flow” without breaks to present, all later stages of placement.

Scenario 4 – Patient session “flows” without interruption. Peer observations from scripting are integrated into reflection & feedback session (“modified from Lynam Peer Model with permission).
Example of a Scenario 2 Patient Interaction

- **Student A**
- **Student B**
- **Shared**
- **PE**

- Students are provided with the name of the patient and initial diagnosis's from Practice Educator/ referral letter.
- PE clarifies that the students know their roles.

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Example of a Scenario 2 Patient Interaction

- **Shared**
- **Student A**
- **Student B**
- **PE**

- **Student A**
  - Write up database and collect data from other MDT as appropriate.
  - Plan subjective and objective assessment.
  - Leads introductions and outlines roles briefly to patient.
  - Complete subjective assessment (+/- PE).
  - Presents to PE.
  - Complete objective assessment (+/- PE).
  - Std A & B discussion outside of patient area. Decide on treatment plan.
  - Presentation of assessment and treatment plan to PE. PE gives feedback.
  - Implement treatment plan.
  - SOAP notes (Std A).
  - Reflection & overall feedback (Std A + B + PE).

- **Student B**
  - Write up database together and collect data from other MDT as appropriate.
  - Plan subjective and objective assessment.
  - Scripting - students record everything the other student is doing and saying. When scripting a patient interaction students are focusing on trying to help another student know what they are doing well & how they could improve.
  - Std A & B discussion outside of patient area. Decide on treatment plan.
  - Peer feedback to student on assessment and treatment – 2 stars and 1 wish.
  - Script
  - Reflection & overall feedback (Std A + B + PE).
Example of a Scenario 3 Patient Interaction □

Shared □ Student A □ Student B □ PE

- Students are allocated their own patients by Practice Educator/ referral letter.
- PE clarifies that the students know their roles and roles have been rotated.

Example of a Scenario 3 Patient Interaction

□ Shared □ Student A □ Student B □ PE

- Students A
  - Completes own database (+/- PE).
  - Completes subjective assessment (+/- PE).
  - Discussion with Std B + PE.
  - Completes objective assessment (+/- PE).
  - Discussion and development of treatment plan with Std B + PE. PE feedback.
  - Implements treatment (+/- PE).
  - Write SOAP notes (+/-PE).
  - Reflection & overall feedback (Std A + B + PE).

- Students B
  - Completes own database (+/- PE).
  - Completes subjective assessment (+/- PE).
  - Discussion with Std A + PE.
  - Completes objective assessment (+/- PE).
  - Discussion and development of treatment plan with Std A + PE. PE feedback.
  - Implements treatment (+/- PE).
  - Write SOAP notes (+/-PE).
  - Reflection & overall feedback (Std A + B + PE).
Example of a Scenario 4 Patient Interaction

- Shared □ Student A □ Student B □ PE

- Students are provided with the name of the patient and diagnosis’s from Practice Educator/referral letter.
- Practice Educator & Students decide roles of students for this interaction.

Example of a Scenario 4 Patient Interaction

- Shared □ Student A □ Student B □ PE

- **Student A**
  - Write up database together.
  - Plan subjective and objective assessment together.
  - Leads introductions and outlines roles briefly to patient.
  - Complete subjective and objective assessment (+/- PE).
  - Implement treatment plan (+/- PE).
  - Writes SOAP notes.
  - Reflection & overall feedback (Std A + B + PE).

- **Student B**
  - Write up database together.
  - Plan subjective and objective assessment together.
  - Scripting - students record everything the other student is doing and saying. When scripting a patient interaction students are focusing on trying to help another student know what they are doing well & how they could improve.
  - Peer feedback to student A (PE present)
  - Reflection & overall feedback (Std A + B + PE).
Student Peer Feedback Guide

Five Steps for Giving Productive Feedback
1. Create safety
2. Be positive (Two stars)
3. Be specific
4. Be immediate
5. Be accurate, not mean

Five Steps for Receiving Feedback with Style
1. Listen to understand
2. Try to suspend judgment
3. Summarize and reflect what you hear
4. Try to control your defensiveness
5. Ask questions to clarify
Key Features of Good Feedback

• Timely
• Start with the positive
• Specific information about performance
• Refers to behaviour that can be changed
• Understood by the receiver/clear simple language
• Delivered in a supportive climate
• Prioritise
• Consider the amount of information
• Make specific suggestions
• Allow time to respond
• Check to ensure clear communication
• Give feedback about something that can be changed

Feedback Models and Self Assessment

• Pendleton
  • Step 1 – The learner states what was good about his/her performance.
  • Step 2 – The teacher states areas of agreement and elaborates on good performance
  • Step 3 – The learner states what was not correct or could have been improved
  • Step 4 – The teacher states what he/she thinks could have improved

• Reflective Feedback Conversation

Implications for clinical placement: when giving feedback use a collaborative conversation approach which includes self assessment
Self Assessment

- Teachers can help students become increasingly less dependent on external sources of feedback (from teacher or peer) and gradually become more autonomous (self-assessment).

- Through feedback the supervisor can model the skill of self assessment by providing the kind of thinking you want them to do as self-assessors.

**Five Minute Feedback Form**

<table>
<thead>
<tr>
<th>Student: What went well this week?</th>
<th>Practice Educators comments:</th>
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<tbody>
<tr>
<td>1.</td>
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<td>3.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Student: What areas need development next week?</th>
<th>Practice Educators comments:</th>
<th>Agreed Plan: Student &amp; PE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<td>3.</td>
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</table>

Students are requested to arrange a suitable time towards the end of each placement week to clarify areas that need to be focused on the following week, if necessary. Placement goals should be reviewed to ensure you are planning for your learning needs.
Student Assessment

- Use the Common Assessment Form to assess the student’s performance.
- Formal assessment of progress is by the Practice Educator who undertakes comprehensive observation and feedback sessions at midway and end of placement.
- Ensure observation of students working independently and in pairs.
- Each student marked separately.
- Use a notebook to record feedback points for each student.
- Provide individual as well as paired feedback.
- Each student should carry an independent caseload to ensure they demonstrate independent performance.
- Allow students time to shadow PE on an ongoing basis.

Documentation Requested to be completed during placement

- CAF midway and final
- Weekly 5 feedback form
- Clinical reasoning form
PE Perceived Barriers and Challenges

• **Barriers?**
  - Casemix
  - Space

• **Challenges?**
  - Students with different levels of knowledge
  - ? Less exposure to complex patients
  - Scheduling when students will have their own shared patient

Student perceived barriers and challenges?

• Adequate caseload
• Demonstrate your own skills to ensure individual assessment
Other Information

Adult Learners
Small group work
Assessment
Documentation

Peer Learning Strategies

Peer Learning strategies
• Peer scripting
• Peer discussion
• Peer tutoring/teaching
• Peer coaching/practice

• Students use each other as shared sources of information and work together to solve a problem.
• Learning through peer observation.
• Strategies work if facilitated by the clinician and a willingness by the student is necessary.
Adult Learners

• Adult learners see themselves as self-directed individuals
• Adults accumulate experience which in itself is a rich resource for learning
• Adults value learning that is relevant to their everyday work and lives
• Adults are more interested in immediate, problem centred approaches than in abstract subject centred ones.
• Adults are motivated as much by internal drivers such as the desire to succeed as by external drivers such as teacher expectations

Knowle’s 7 principles

1. Adults learn best in a safe and comfortable learning environment, i.e. they should not feel open to ridicule or judgement. (Respect and honesty valued).
2. Teachers should endeavour to involve learners in the planning and design of courses and curricula. This will help to ensure that learners can see the relevance of what is to be learned.
3. Learners need to be involved in discerning their own learning needs. This is in keeping with their internal desire to control their own learning.
Knowle’s 7 principles

4. Learners should be encouraged to prepare their own learning objectives.
5. Learners should be encouraged to find their own learning resources, to interpret the findings and apply them in practice.
6. Learners should be encouraged and helped to carry out their own learning plans.
7. Learners should be involved in evaluating their own learning. This implies a degree of self reflection and critical thinking, both essential components of critical thinking.

Small Group Teaching

• Small Group Work also known as co-operative or collaborative learning or peer learning, involves a high degree of interaction.
• The effectiveness of learning groups is determined by the extent to which the interaction enables members to clarify their own understanding, build upon each other's contributions, sift out meanings, ask and answer questions.
Small Group Work

• Provides opportunities to give and to receive feedback.
• Provides opportunities for learners to learn from each other rather than the "experts" who sometimes cannot explain content at the level needed by the learner.
• Helps learners understand others points of view.

• Develops student reflective skills.
• Provides a supportive environment.
• Provides opportunity to learn by teaching / sharing.

Small Group Work

• Learners gain a sense of ownership of the learning process.
• Helps learners build their own knowledge.
• Provides an environment for learners to practice skills in a safe environment so that skills will be more rehearsed when applied in the "real" setting.
• Provides opportunity to learn effective group processes and be part of a team.
• Provides opportunities for enhancement of communication skills.
Peer Projects –
Motivation and Shared Responsibility

• **Task and Reward System For Group Projects**
  • Other elements of allowing the process to take root is ensuring each member of the alliance has a unique task that is part of the overall project.¹⁰
  • For example if the group project is completing an in-service on a specific topic then roles and responsibilities need to be clearly defined for each step of the project (drive intrinsic motivation)
  • Understanding that team goals need to be achieved together. Recognise that ‘coaching’ (giving valuable feedback) will build success.
  • Ensure each student knows that they are both accountable for shared projects.

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Evaluation Yourself as a Mentor

• **SWOT Analysis**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>Opportunities</td>
<td>Threats</td>
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</table>
Further Research

• **Research**
  • Phase 1 - Pilot study completed.
  • Phase 2 – comparing models of supervision in clinical placement.
References


