

A Peer Learning Model for Physiotherapy Undergraduate Education

Background

The optimum supervision model for physiotherapy students during clinical placements has not been established (Lekkas et al, 2007). It has been suggested that paired and group placements provide an opportunity for enhanced learning, clinical competence and participant satisfaction (Parker and Kersner, 1998, Ladyshevsky, 2006). A 2:1 model of student supervision places two students with one Practice Educator. Although peer-learning is well-established in undergraduate health sciences education, it lacks definition in its implementation (Secomb, 2007).

TCD 2:1 Supervision Model

In 2013, the Practice Education Team in the Discipline of Physiotherapy, Trinity College Dublin, developed and piloted a model of 2:1 supervision. The framework for this model is guided by four approaches to learning: 1) incremental acquisition of skills, 2) a clinical reasoning framework, 3) developing reflective practice skills in peer discussion groups and 4) peer observation using scripting and peer feedback (Lynam et al, 2014, Roberts et al, 2009).

Pilot Study of the New Model

Three clinical sites volunteered to participate in the pilot study. Written guidelines were developed for the TCD 2:1 model and the Practice Education Team provided training for both students and Practice Educators. All aspects of the model and 'on the ground' implementation of the four approaches were explored in detail. A key message for all clinical sites and educators was that the model was flexible and could be adapted to suit a variety of placement structures, clinical settings and service demands.

Students were allocated to 2:1 placements based on their need for a particular core clinical speciality. Student pairs were matched by previous placement grade. Students carried an individual caseload in addition to seeing patients in pairs. At the end of the placement a postal questionnaire was distributed to the students and Practice Educators. Completion and return of the questionnaire indicated consent. Written feedback was also sought from Practice Tutors who supported both students and educators in the clinical sites during the pilot study. Qualitative analysis was used with open ended questions and common themes were identified.

Results

Common themes emerging from all participants included positive feedback in relation to: peer feedback and scripting, peer reflective practice and the structure of the 2:1 model. Students reported that Practice Educator engagement with the 2:1 model was the key to a successful placement. Peer observation, scripting and feedback were valued as learning tools. Students suggested that using this approach for specific tutorials would optimise the learning outcome. Some students felt that this model did not suit an activist learning style and there was negative comparison between students.

Other themes appearing from Practice Educators were: increased productivity, change in workload, the need for preparation for a 2:1 model placement and competition between students. Some Practice Educators found comparison between students challenging to manage.

Additional themes identified from Practice Tutors included the positive learning experience, positive research contribution to the department, positive benefits of the model when grading students and peer support. Challenges identified by this group were the increased time resources needed, differentiating grades and planning for two students during unexpected supervisor's absences.

Discussion

Overall the model was well received and feedback was positive from both students and educators. The TCD 2:1 model provided for structured peer reflection at specific time points during an assessment/ treatment session which afforded a more creative environment for developing clinical reasoning and reflective practice skills. Built in reflection periods ensured 'thinking time' for an observer student to consider their own practice while observing their colleague.

Practice Educators identified both increased and decreased workloads as a feature of the 2:1 model. This finding is not surprising and is reported widely in the literature. The 2:1 model requires educators to facilitate students in a different way and it may take some time to become familiar with using the model to maximise how it works best for each educator. Balancing workload may be helped by delegating at least 50% of an educator's caseload to the students (Baldry Curran et al, 2003). This should provide time out from direct student supervision to facilitate administration work related to assessment and feedback.

Competition in learning is a feature of everyday life and the grading system in academic third level education often promotes competitive behaviour (Ladyshevsky, 2006). In co-operative learning positive interdependence recommends that students work together to gain recognition for their combined efforts. Pre-placement discussion with educators regarding management of competition and early consideration of the design and delivery of the student learning experience is aimed at reducing comparison and competition.

One clinical site suggested that the 2:1 model may increase productivity. This was based on increased treatment sessions provided to some patients resulting in perceived earlier discharge. This was not formally measured as an outcome of the pilot study however, previous research has identified this finding (Du Pont et al, 1997). Adjustments were made to the new model based on feedback from all participants. The Discipline of Physiotherapy aims to roll-out, evaluate and refine their 2:1 supervision model in the coming academic year.

References

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