

A Teaching and Learning Tip Sheet

Are you thinking about how you will teach your next health professional learner(s)? Might you change **how you supervise** your learners? Here are some ideas to consider:

MODELS OF SUPERVISION		
Model Name/Description	Advantages	Disadvantages
One educator to one student (also called traditional, 1:1)	<ul style="list-style-type: none"> • Clinicians find managing a 1:1 relationship less demanding/complex compared to other supervision models • Less preparation/coordination than with multiple clinicians • This model may be most familiar • Easier to gather information about student's individual strengths and weaknesses 	<ul style="list-style-type: none"> • Students are dependent upon one educator for their learning requirements, so it can feel like greater responsibility • Student and clinician do not get a 'break' from each other as easily • Student does not have the advantage of other treatment strategies/models of intervention from other clinicians or other students • Greater direct time commitment is required per educator as opposed to other models of supervision.
<p>Recommendations for implementation: Seek to maximise the time available to you when your student is not under direct supervision (Check out the "Ideas for Independent learning tip sheet). Try to provide multiple opportunities for learning including variations in caseload and case-type (consider who is being admitted to your service).</p>		
One educator to multiple students (also called collaborative, 1:2)	<ul style="list-style-type: none"> • More desirable to students and encourages their active learning, teamwork, and independence • Provides clinician with more time for planning/admin/other duties when students learning together • Greater knowledge of student's individual strengths and weaknesses • Clinician can use and further develop interpersonal management skills • Increased clinical productivity 	<ul style="list-style-type: none"> • May not be applicable to all clinical areas (due to physical restrictions on student numbers in practice areas, such as intensive care or space available and needed for physical distancing) • Too many students may limit patient variety (if caseload is low) • May experience problems with competitiveness and compatibility between students, as well as need for clinician's attention • Possibly increased clinician's stress if model is new and requires new learning • Possibly increased paperwork (depending upon student involvement in self-evaluation, etc).
<p>Recommendations for Implementation: Facilitate peer learning strategies to augment students' collaborative learning experience (Check out the "Ideas for Independent learning tip sheet). Share a majority of your caseload amongst the students and ensure that equal time is afforded to each student. Provide both individual and collaborative clinical experiences within the placement, some of which may be virtual. Ask the academic contact if student pairs can be pre-matched (for compatibility).</p>		

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<p>Multiple educators to one student (also called shared, 2:1)</p>	<ul style="list-style-type: none"> • Can feel like less responsibility (student and each clinician have time away from each other) • Part-time clinicians can be involved • Independence and autonomy of students can be facilitated • Students are exposed to multiple educators' caseloads • As workloads are shared, it is easier to plan for an absence. 	<ul style="list-style-type: none"> • Need for increased preparation and collaboration between clinicians for the purposes of assessment and planning • Possibly diminished departmental productivity Student needs to adjust to multiple clinicians' styles and expectations • May be difficult with physical distancing requirements.
<p>Recommendations for implementation: Discuss the organisation and structure of the clinical education experience by both clinicians to delineate role, tasks, and the manner in which normal workload will be distributed. Try team-teaching to reduce overlap and duplication. Agree upon methods of communication, both informal and formal, especially about student feedback and assessment processes. To support feedback and evaluation processes, ask student to keep a journal and record what they have learned (even in point form) and areas to focus upon in future learning. Shared preceptors can read the comments at any time and continue to add to the journal (via the student).</p>		
<p>Multiple educators to multiple students and/or non-profession-specific (also called collaborative, shared, role-emerging)</p>	<ul style="list-style-type: none"> • Encourages cooperation among students and clinicians in a structured way • Can two or more students to work together on a specific task (with or without either clinician) • Fosters students' self-directed learning, creativity, and problem-solving • May provide experience of different and expanded roles within the profession • May foster intraprofessional and interprofessional communication • Workload is shared amongst clinicians. 	<ul style="list-style-type: none"> • The use of multiple clinicians may foster fragmentation between students (if collaboration is not emphasized) • There is a need for increased collaboration between clinicians for assessment and planning • May require new learning by clinicians. • May be difficult with physical distancing requirements.
<p>Recommendations for implementation: Collaborate among students and clinicians to establish clear expectations and objectives for the educational experience. Use your knowledge and skills related to group dynamics and facilitation. Consider all opportunities for collaboration among groups of students and supervisors to occur in a virtual setting (remotely).</p>		