

Models of Supervision

Students will be involved in many different supervisory relationships while in the Clinical Placement setting. The following are examples of the models that students may be exposed to during their placements.

Individual Model 1:1

The assignment of one student to one preceptor:

- Accepted standard but not clearly proven as best method
- Students have direct communication and accountability with one preceptor
- Student experiences primary relationship with one preceptor
- Limited opportunities to participate in other PT services
- One preceptor is responsible for tasks related to administration, teaching, consulting and evaluation

Cooperative/Collaborative Model 2:1

The assignment of two students to one preceptor:

- Students encouraged to consult and learn from each other (collaboration)
- Decreases reliance on the preceptor
- Role of the preceptor is changed because he/she needs to be able to delegate more clinical responsibilities to the students
- 'frees' the preceptor to become a resource person for the students and increases learning opportunities within the clinical setting
- Comparison of students can occur

Split Model 1:2

The assignment of one student to two preceptors:

- 1 student to 2 preceptors (many part time PTs prefer this model)
- Often, the full time staff are the ones always involved in supervision and this model can maximize the resources of the staff
- Equal responsibility shared by preceptors, therefore it is essential that there is effective communication occurring and clear expectations between them
- Students benefit from working with and are exposed to different approaches and techniques

Shared Supervision Model 3 or More:1

The assignment of a group of students to one group preceptor:

- Onus on the student to be self directed, organized and to manage learning opportunities and evaluation
- Consistent expectations because one preceptor has overseeing responsibility
- Very student centered

Off-Site Supervision (In Role Emerging settings)

The assignment of a student (s) to an off-site preceptor:

- Onus on the student (s) to be self directed, organized and to manage learning opportunities and evaluation
- Usually occurs in sites where there is no PT on-site and the PT role is emerging (see chart below for strategies to address issues in role-emerging placement)

Role Emerging Placements:

Issues	Strategies
Ambiguity / uncertainty of role	<ul style="list-style-type: none">• Use of content learned from courseware• Have confidence in 'creating' and 'testing' new role• Use of theoretical framework to guide process• Be comfortable with issue
Decreased physical access to the Physiotherapy preceptor	<ul style="list-style-type: none">• Use of & appreciation of other resources e.g. teachers, health care providers, family• Develop clear communication system• Identify and utilize other physiotherapists as resources
Accountability for own actions	<ul style="list-style-type: none">• Develop organized schedule of activities• View of self as extension of Physiotherapy preceptor
Uncertainty of learning experience	<ul style="list-style-type: none">• Use of learning contract• Use Year 2 students as resources• View of placement learning as continuum• View of self as change agent