Creative Clinical Teaching Models: Would the 2 Students:1 Clinical Instructor Model Work for You?

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2:1 Model of Student Supervision

Learning Objectives:
1. Provide brief literature review comparing clinical education models.
2. Identify possible barriers to implementing the 2:1 Model.
3. List benefits of using the 2:1 Model.
4. Explore strategies for successful implementation of the 2:1 Model.
2:1 Model of Student Supervision

• Clinical education for physical therapy programs has traditionally been structured with one student supervised/mentored by one physical therapist in their clinical setting.

• The 2:1 Model differs in that there are two (or more) students to one clinical instructor.
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• Need for alternative models of clinical education

• Currently 3 DPT programs in the state of Kentucky, accepting approx. 166 students each year. Each student is scheduled for up to 42 weeks of clinical education.

• We are charged with task of providing quality clinical education that upholds the standards of our profession.
• One systematic review of clinical education models for physiotherapists looked at six broad models of clinical education: one-student-to-one-educator (1:1), multiple-students-to-one-educator (2:1), one-student-to-multiple educators (1:121), multiple-educators-to-multiple-students (2:2), non-discipline-specific-educator and student-as-educator.

• There is currently no ‘gold standard’ model of clinical education. The perception that one model is superior to any other is based on anecdotes and historical precedents, rather than on meaningful, robust, comparative studies. 

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2:1 Model of Student Supervision

• Students preferred 2:1 model earlier in their clinical experiences due to the benefits of peer learning, whereas the 1:1 model was favored in the later stages to demonstrate individual autonomy.

• Awareness of individual student learning is essential to avoid dissatisfaction with learning and assessment process on a 2:1 model.

• 2:1 model presents unique organizational challenges.
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Barriers: Negative perception

- Too difficult on the CI to have multiple students
- Students won’t get as “rich” of a clinical experience
- The student’s experience and feedback will not be as individualized as a 1:1 experience
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Barriers: Reimbursement Limitations

• High volume of patients whose payor limits student involvement
• Direct supervision requirements

Barriers: Logistics

• Limited computer access
• Limited office or gym/clinic space
• Limited number of patients to treat
Barriers: Challenging Student Feedback

• Students that are presenting with challenging professional behaviors
• Twice the CPI requirement
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Benefits

• Placement and clinical site availability increases
• Increased overall productivity for “trio” of clinicians
• Creates positive peer learning environment, taking some of the teaching burden off the Clinical Instructor
• Students can feel less intimidated in a new clinical setting starting with another student.
Benefits

• Students can give each other feedback or use each other as “sounding boards” to ask questions or practice skills on prior to interacting with the CI or the patient.

• Students can also be used as “support personnel” for each other so that they can practice delegating tasks and utilizing aides/techs.
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Strategies to Make 2:1 Model Successful

• Plan! Plan! Plan!

• Careful selection of students by the university (no prior history of remediation either didactic or clinical and who have demonstrated effective team skills)

• Identification of strong clinical instructor who is open-minded, flexible, and supportive of the 2:1 concept
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Strategies to Make 2:1 Model Successful

• Established expectations by the faculty on productivity goals and expected patient caseload

• Established timeline for orientation and progression of student experience (observation, supervised treatment, independent patient care)

• Open communication between CI students on feedback preferences. Establish environment of trust and respect from the beginning
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Strategies to Make 2:1 Model Successful

• If the clinical experience gets off to a rough start, elicit the support of the student’s DCE/ADCE

• Designate appropriate time for the CI to complete the CPI’s and provide individual student review time
Alternative Models

- Students from multiple universities
  - Staggered start times
  - 1st student can be lead
  - Staggered CPI completions

- PT and PTA student
  - Assists with respect for each position
  - Enhance communication skills

- Students of different disciplines
  - Collaboration of care
References
