

Challenging COVID-19 isolation: Uptake of group models of student supervision

Karen Falcicchio and Caroline Storr

About the authors

Karen Falcicchio, erg., Faculty lecturer, Associate Academic coordinator of Clinical Education and **Caroline Storr, MBA, erg**, Associate Professor (Professional), Academic Coordinator of Clinical Education in Occupational Therapy at McGill University engage together in planning, teaching, managing, coordinating, and reviewing all related components of the student learning experience in the clinical courses. They also work on managing relationships with the clinical teaching community in order to prepare each occupational therapy graduate for professional licensure. For further information about this article please contact: karen.falcicchio@mcgill.ca

Group fieldwork models are models of supervision in which three or more students are paired with an occupational therapist supervisor. The students are expected to work together, give each other feedback, push each other's clinical reasoning through reflection, and support each other (Ladyshewsky & Sanderson, 2020). Also called collaborative models, group fieldwork models have many benefits to student learning including increased self-directedness, independence, and confidence (Flood et al., 2010). These experiences promote teamwork and communication as students learn **from** each other, and **with** each other, which is representative of their future work environments. Group models also provide a less intimidating learning environment, as the majority of feedback comes from peers rather than a superior (Bartholomai & Fitzgerald, 2007). There are also some challenges associated with these models. For example, students who do not have a good working relationship with others, are constantly comparing themselves to their peers, or students who place less value on learning from their peers and more value on a traditional one-to-one model of supervision may struggle (Ladyshewsky, 2010). However, many of these hurdles can be addressed with the appropriate planning, selection of students and using a pass/fail grading system. Group models are commonly used in several other healthcare fields such as nursing and medicine.

The McGill University fieldwork faculty has previously tried to implement group models within the Quebec occupational therapy clinical teaching community with limited partner adoption. Although an innovative model (six students to one supervisor) was developed in partnership between McGill University and University of Alberta to target constraint induced movement therapy (CIMT) at the Alberta Children's Hospital, implementation of a similar model faced challenges in Quebec. The biggest obstacles reported by clinicians during clinical advisory meetings which mirrors what is reported in the literature, included the perception that group models would dramatically increase their workload and that space limitations would present a challenge (Currens, 2003; Lekkas et al. 2007). They preferred to use traditional models (one student to one supervisor, one student to two supervisors, or less popular, two students to one supervisor) with which they felt more comfortable.

COVID-19 and fieldwork

Then came the COVID-19 pandemic, which presented a tremendous challenge to fieldwork in Canada. In many Canadian university occupational therapy programs, students were pulled out of clinical sites in the spring of 2020, while in others, start dates were delayed. To manage the new realities in the province of Quebec, several occupational therapists who normally supervise students were given increased responsibilities or were reassigned within the public health care

The official version of this paper is published in the November 2021 issue of Occupational Therapy Now, [Canadian Association of Occupational Therapists \(CAOT\) website](#)

system; some in alternative roles with which they were unfamiliar making them no longer able to welcome students to their work environments. What was once an environment of challenging occupational therapist supervisor recruitment became an overburdened healthcare system with lean resources in which supervising occupational therapy students was not high on the priority list.

The McGill University OT fieldwork coordinators needed to think outside of the box to figure out how to get both junior and senior student learners through the professional master's program in a timely sequence to graduate future healthcare workers for a system in need. It seemed like the perfect time to re-introduce the concept of group fieldwork models in the hopes of harnessing their benefits, plant the seeds of innovative service delivery, reduce recruitment challenges, and complete fieldwork requirements during the COVID-19 pandemic. Fortunately, this group model was embraced with great interest by two major teaching partners which included three long-term care installations at Centre Intégré Universitaire de Santé et de Services Sociaux (CIUSSS) de l'Ouest-de-l'Île-de-Montréal (St. Anne's Hospital, Centre d'Hébergement de Soins de Longue Durée (CHSLD) Lasalle, and CHSLD Grace Dart), and the Montreal Children's Hospital within the Montreal University Health Centre (MUHC).

Innovative group model 1: Deconditioned older adult population in long term care centres (CIUSSS de l'Ouest-de-l'Île-de-Montréal (St Anne's Hospital, CHSLD Lasalle, and CHSLD Grace Dart), Summer 2020)

Through the height of the pandemic's first wave in Quebec, most outbreaks were within long-term care centres (CHSLDs). In an effort to contain these outbreaks and prevent more deaths, residents were not allowed to leave their rooms. This led to significant deconditioning, lack of stimulation, and loss of autonomy in everyday activities in this older adult clientele. The McGill University OT fieldwork faculty capitalized on this gap in the system to create a group fieldwork model that focused on re-conditioning these clients to improve their level of autonomy and overall health.

This 7-week group model included: four junior students occupational therapists; an occupational therapist supervisor who provided two weeks of in-person initial intensive group training within a non-COVID-19 affected long-term care centre (St. Anne's Hospital) and subsequent off-site supervision by weekly Zoom group student meetings to check-in and answer questions. The student pairs completed 5 weeks of their placement in person within 2 COVID-19-affected sites (CHSLD Lasalle and CHSLD Grace Dart) using the skills they were taught (e.g., initial interviews, ADL and leisure training, cognitive stimulation, and environmental modifications). Several tools were used to ensure success of this placement during COVID-19 and reduce the potential emotional burden on students. Some examples of tools used were donning/doffing protective equipment videos and resilience modules prior to starting the placement, peer-reviewed weekly reflection journals, as well as peer and supervisor Competency Based Fieldwork Evaluation (CBFE) evaluation. An onsite occupational therapist expert in each COVID-19 affected site was also involved for oversight, daily questions, and student evaluation consultation.

The main key to success in this unique model was the substantial preparation by the sites and fieldwork coordinators which included a training schedule, a detailed learning contract, documentation tools, and several meetings with the off-site supervisor, on-site experts, and students prior to and during this clinical course. Critical reflective practices were integrated into this group supervision framework. The feedback from both the students and the site teams has been very positive with one student expressing, "I really enjoyed our teamwork over this stage, and it was ideal for these challenging situations such as when our client lost his personal wheelchair when he was COVID-19 positive. We needed to brainstorm solutions for his ADLs

The official version of this paper is published in the November 2021 issue of Occupational Therapy Now, [Canadian Association of Occupational Therapists \(CAOT\) website](#)

together. I think we came up with an effective intervention, and it showed that we learnt how to use clinical reasoning (and each other) to solve problems on our own.”



Four McGill students occupational therapists with their off-site occupational therapist supervisor Jacqueline Nguyen (centre) at St. Anne’s Hospital for their in-person group training.

Innovative group model 2: Vulnerable pediatric population (Montreal Children’s Hospital within the MUHC, Fall 2020)

Many pediatric services were suspended or transitioned to remote service delivery (tele-rehabilitation) due to COVID-19. This was particularly true for the developmental coordination disorder (DCD) clientele whom are not on the priority list given many competing demands for occupational therapy services. This again led to gaps in healthcare service access as long waiting lists suddenly became even longer for non-priority cases. Access to student occupational therapists on-site was also to be avoided due to the occupational therapists’ current realities of small treatment rooms, time needed to don/doff personal protective equipment (PPE), and physical distancing guidelines. As a result, the occupational therapists at the Montreal Children’s Hospital were looking for ways to train new potential colleagues virtually while meeting their increased caseload demands and respecting current ministerial and hospital directives.

The McGill University OT fieldwork faculty once again responded to this need to service children by creating an 8-week virtual group model. Following several meetings with the site, the university fieldwork coordinators mapped out a group model of six off-site senior students to two *The official version of this paper is published in the November 2021 issue of Occupational Therapy Now, [Canadian Association of Occupational Therapists \(CAOT\) website](#)*

on-site occupational therapist supervisors with support from other team members of the occupational therapy department. This group model included students working from their individual homes with weekly virtual meetings with the two designated, on-site supervisors to touch base and ask questions, as well as plan out the student dyad caseloads, share client cases and push their clinical reasoning. A peer and supervisor evaluation using the CBFEE was also planned. Student dyads worked with the majority of occupational therapists in the department to participate in virtual sessions with varied pediatric clientele including the DCD clientele, they also worked together to give each other feedback on documentation, share intervention plans and assist each other with creating education and support sessions targeting vulnerable children with DCD.

Virtual sessions had never been done before at this site, and only 'one student to one therapist' model of supervision had been previously accepted, so enormous flexibility from this team was instrumental in creating this model. Students expressed their overall excitement during this learning experience and were happy to contribute to this occupational therapy service mix addressing the site's and this vulnerable group's needs.

Conclusion

As COVID-19 continues in Quebec, the pandemic and all the challenges mentioned above continue. Recruiting occupational therapy supervisors continues to be a daunting task in fieldwork education and group models hold great potential to address many concerns. We believe that group models have many benefits to support student learning such as creating more confident and reflective entry-level clinicians with superior teamwork skills who will lead our future workforce. Group models also provide opportunities for occupational therapists who are champions in student supervision and are passionate about teaching to create novel training sessions, and refine new models of supervision; while allowing other occupational therapists within the same department to have more of an "expert" clinical consulting role. This shared mentoring approach is far less demanding than full-time, solo supervision but equally rewarding. Preparation, dedicated supervisors and managers, willing students, flexibility, and creativity are key ingredients to creating successful group fieldwork models with positive outcomes. Such group models can address gaps in the healthcare system where occupational therapy students can contribute to service provision, such as our two examples. We hope that the success of these group fieldwork models in these times of COVID-19 will lead to a wave of change resulting in more group fieldwork model adoption by other teaching partners.

References

- Bartholomai, S., & Fitzgerald, A. (2007). The collaborative model of fieldwork education: Implementation of the model in a regional hospital rehabilitation setting. *Australian Occupational Therapy Journal*, 54(1), 23-30.
- Currens, J.B. (2003). The 2:1 clinical placement model: Review. *Physiotherapy*, 89(9), 540-554.
- Flood, B., Haslam, L., & Hocking, C. (2010). Implementing a collaborative model of student supervision in New Zealand: enhancing therapist and student experiences. *New Zealand Journal of Occupational Therapy*, 57(1), 22-26.
- Ladyshevsky, R. (2010). Building Competency in the Novice Allied Health Professional through Peer Coaching. *Journal of Allied Health*, 39(2), 77E-82E.

The official version of this paper is published in the November 2021 issue of Occupational Therapy Now, [Canadian Association of Occupational Therapists \(CAOT\) website](#)

Ladyshevsky, R., & Sanderson, B. (2020) Peer Coaching and Work Integrated Learning Guidebook. Creative Commons Attribution-Noncommercial-ShareAlike 2.5 Australia Licence. Support for the original work was provided by Curtin University.

Lekkas, P., Larsen, T., Kumar, S., Grimmer, K., Nyland, L., Chipchase, L., Jull, G., Buttrum, P., Carr, L., & Finch J. (2007). No model of clinical education for physiotherapy students is superior to another: a systematic review. *Aust J Physiotherapy*, 53(1),19-28.