

2019

Qualitative Analysis of Peer Supervision Training Needs in a Student-Run Occupational Therapy Clinic

Anne Murphy-Hagan

Lauren E. Milton

Washington University School of Medicine in St. Louis

Follow this and additional works at: <https://encompass.eku.edu/jote>

Part of the [Education Commons](#), and the [Occupational Therapy Commons](#)

Recommended Citation

Murphy-Hagan, A., & Milton, L. E. (2019). Qualitative Analysis of Peer Supervision Training Needs in a Student-Run Occupational Therapy Clinic. *Journal of Occupational Therapy Education*, 3 (2). <https://doi.org/10.26681/jote.2019.030206>

This Original Research is brought to you for free and open access by Encompass. It has been accepted for inclusion in Journal of Occupational Therapy Education by an authorized editor of Encompass. For more information, please contact Linda.Sizemore@eku.edu.

Qualitative Analysis of Peer Supervision Training Needs in a Student-Run Occupational Therapy Clinic

Abstract

The philosophy behind occupational therapy (OT) education espouses the belief that students are dynamic actors in the teaching-learning process, participating in self-appraisal and professional identity development. Yet, best-practice guidelines have not been developed to support students acting in a supervisory role, or contrastingly, receiving supervision from a peer. This study took place at a student-run OT clinic at a large research university in the Midwest. Qualitative methods were employed to investigate the question: What educational and training supports are needed to assist OT students with peer supervision in a student-run clinic? Six OT students participated in a focus group and discussed qualities of successful OT peer supervision. A transcript of the focus group was analyzed using Strauss and Corbin's approach to grounded theory. Findings were explored considering the current literature on peer supervision. Findings indicated that students in an OT peer supervision relationship wanted to develop skills in feedback, professionalism, and guided discovery. Taken together, the evidence suggests skillful relationship abilities are of greater value to peer supervision relationships than clinical expertise alone. Frameworks including andragogy and the nurturing perspective on teaching are relevant to understanding the learning that takes place in OT peer supervision. The collaborative and supportive nature of peer supervision relationships are grounds for significant learning.

Keywords

Peer supervision, occupational therapy students, student-run clinic

Creative Commons License



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License](https://creativecommons.org/licenses/by-nc-nd/4.0/).

Acknowledgements

We would like to acknowledge the Program in Occupational Therapy at Washington University School of Medicine in St. Louis, Missouri, especially the OT Student Stroke Clinic and the Innovations in Education Lab. We would also like to acknowledge Allison Burns for her contribution to this project.

Qualitative Analysis of Peer Supervision Training Needs In a Student-Run Occupational Therapy Clinic

Anne Murphy-Hagan, OTD, OTR/L and Lauren E. Milton, OTD, OTR/L
Washington University School of Medicine
United States

ABSTRACT

The philosophy behind occupational therapy (OT) education espouses the belief that students are dynamic actors in the teaching-learning process, participating in self-appraisal and professional identity development. Yet, best-practice guidelines have not been developed to support students acting in a supervisory role, or contrastingly, receiving supervision from a peer. This study took place at a student-run OT clinic at a large research university in the Midwest. Qualitative methods were employed to investigate the question: What educational and training supports are needed to assist OT students with peer supervision in a student-run clinic? Six OT students participated in a focus group and discussed qualities of successful OT peer supervision. A transcript of the focus group was analyzed using Strauss and Corbin's approach to grounded theory. Findings were explored considering the current literature on peer supervision. Findings indicated that students in an OT peer supervision relationship wanted to develop skills in feedback, professionalism, and guided discovery. Taken together, the evidence suggests skillful relationship abilities are of greater value to peer supervision relationships than clinical expertise alone. Frameworks including andragogy and the nurturing perspective on teaching are relevant to understanding the learning that takes place in OT peer supervision. The collaborative and supportive nature of peer supervision relationships are grounds for significant learning.

INTRODUCTION

Peer supervision is described as when "participants with roughly the same level of training monitor, evaluate, and support one another" (Murphy-Hagan & Milton, 2019, p. 2). In the occupational therapy (OT) profession, peer supervision groups are recommended for the purposes of professional development, lessening attrition, and relieving stress (Wimpenny, Forsyth, Jones, Evans, & Colley, 2006). While peer supervision is widely practiced, literature on the topic is scarce, and the inclusion of OT student perspectives is non-existent.

A scoping review by Murphy-Hagan and Milton (2019) revealed OT peer supervision competencies, including flexibility, professional enculturation, providing constructive feedback, psychosocial support, teaching, and clinical skill acquisition. The literature on peer supervision further discusses the benefits stemming from the peer supervision relationship (Murphy-Hagan & Milton, 2019). Such benefits include mutual support and learning, professional enculturation, mitigating stress, and building competency (Akhurst & Kelly, 2006; Golia & McGovern, 2015; Spence, Wilson, Kavanagh, Strong, & Worrall, 2001). Peer supervision also allows for a safe learning environment where participants develop greater autonomy (Akhurst & Kelly, 2006). Perhaps this is because “peers are well suited to providing emotional support, encouragement, feedback, and a sense of acceptance” (Moss, Teshima, & Leszcz, 2008, p. 231). The *Occupational Therapy Education Research Agenda - Revised* named “socialization to the profession” (AOTA, 2018a, p. 1) as a major research goal, more specifically, to “Identify best educational practices for initial socialization to the occupational therapy profession” (AOTA, 2018a, p. 5). Providing students with the opportunity to develop emerging supervision skills is in line with previous recommendations that OT education should provide opportunities for students to practice behaviors of autonomy, assertiveness, self-directed learning, and conflict management so that they will be able to actualize those skills as professionals (Yerxa, 1975). Interpersonal skills are listed as a standard in the *Standards for Continuing Competency*, with an emphasis on, “Integration of feedback from clients, supervisors, and colleagues to modify one’s professional behavior and therapeutic use of self” (AOTA, 2015b, p. 2). Prioritizing training in the interpersonal skills required for supervision resonates with the *Philosophy of Occupational Therapy Education* (AOTA, 2015a), which sees students as occupational beings in dynamic transaction with their environment. It is in their learning environment that they internalize the value of lifelong learning and acquire their professional identity.

Potential educational frameworks for understanding the mechanisms behind successful peer supervision are Malcolm Knowles’ (1973) writings on andragogy and Pratt’s (1998) nurturing perspective on teaching. Peer supervision relates to andragogy due to parallel concepts of student-centered learning, teachers as facilitators of learning, self-direction, mutual trust, and responsibility. A key assumption of andragogy centers on the notion of self-concept—that adults need to have decision-making power in their learning experiences. The teacher is, therefore, a facilitator of the learning experience, and not a transmitter of knowledge (Knowles, 1973). Likewise, Pratt described the learning environment as a domain in which learners develop their self-concept and personal agency through content mastery and relationships. The perspective is “characterized by a high degree of reciprocal trust [...] seeks a balance between caring and challenging” (Pratt, 1998, p. 17) and is “fundamentally concerned with the development of each learner’s concept of self as learner” (p. 18). Both Knowles’ (1973) andragogy and Pratt’s (1998) nurturing perspective recognize learning needs are environmentally determined; self-efficacy and self-concept are products of the learning process; and mutual respect and trust are requisites to significant learning (Knowles, Holton, & Swanson, 2005).

The purpose of this study was to explore OT student perspectives on peer supervision competencies. Findings will serve as foundational evidence for a peer-to-peer student supervision training. The research question was: What educational and training supports are needed to assist OT students with peer supervision in a student-run clinic?

Setting

This study took place at a university-affiliated, student-run, pro bono OT clinic for individuals with post-stroke or brain injury symptoms who are underinsured or uninsured. Prior to student participation in the clinic, students successfully completed coursework in the curriculum that included, but was not limited to, introduction and fundamentals of OT practice, fundamentals of health care, fundamentals of evidence-based practice, and professional communication. Prior to working directly with clients, students successfully completed coursework that included, but was not limited to, anatomy, kinesiology, neuroscience, OT assessment, environmental factors, research, as well as coursework related to fieldwork. Students in their first or second academic year were candidates for either a Master of Science in OT (MSOT) or Doctor of OT (OTD) degree, while students in their third academic year were OTD candidates.

Student responsibilities within the clinic were tiered according to level of academic training. For example, students in their first academic year learned about evidence-based treatment approaches for stroke survivors with chronic symptoms. Students in their second academic year directed OT evaluation, treatment, and discharge sessions with a client who was a survivor of stroke or brain injury. Second-year students were supervised by a peer supervisor who was an OTD student in their third year of graduate school. Second-year student responsibilities included: design and implement an evidence-based treatment plan for a client, document all sessions, create a running reference list of evidence used to support treatment plans, and meet twice per week with their peer supervisor.

The peer supervisor was assigned to 1-2 students per semester, thus they may have supervised 2-4 students in the course of the academic year. Responsibilities of the peer supervisor entailed overseeing all the therapy activities of the second-year student in a clinical setting. They provided informal verbal feedback following all in-person appointments with clients. The peer supervisor reviewed and edited documentation on a weekly basis and performed a documentation audit once per semester. Additionally, they attended weekly treatment planning sessions and assisted the second-year student with locating evidence-based resources. The peer supervisor provided narrative and quantitative performance evaluations quarterly using AOTA's *Fieldwork Performance Evaluation for the OT Student* (AOTA, 2002). Thus, the peer supervisor performed many of the functions of a fieldwork educator, but their clinical lens differed in that their training and experience was only one year ahead of the student supervisee. At the time of this study, little to no training was provided to the third-year peer supervisor beyond clinic protocol. No training was provided on interpersonal and communication skills for effective supervision.

Per state law, all activities of the clinic for all students in all years were overseen and supervised by a licensed OT employed as a full-time clinician and staff member by the practice division of the OT academic program.

METHOD

Design

This qualitative study utilized Strauss and Corbin's approach to grounded theory (Strauss & Corbin, 1998) as illustrated in Figure 1. Methods for applying Strauss and Corbin's approach to grounded theory were additionally informed by Heath and Cowley (2004). In grounded theory, data analysis is a continuous and inductive process in which newly accumulated data is constantly compared with the existing data sets. This approach was a part of a larger participatory action research project that aimed to create an OT peer supervision training for the student run-clinic. Grounded theory and participatory action research were selected for this project due to their ability to capture variable experiences and contexts (Bogdan & Biklen, 2007; Luborsky & Lysack, 2006). As Grenier (2015) wrote, "The inclusion of student perspectives in OT education reform is vital to future student learning outcomes" (p. 8). Gathering qualitative evidence from clinic participants and analyzing their experiences seemed the design method best in-line with both the question and the values of OT philosophy. This research project sought to be both client-centered and occupation-driven. The client-centered values of the project arose from key stakeholders (OT students) determining supervision training needs. The occupation-driven purpose of the training was to help OT students effectively fulfill their roles as peer supervisors and supervisees.

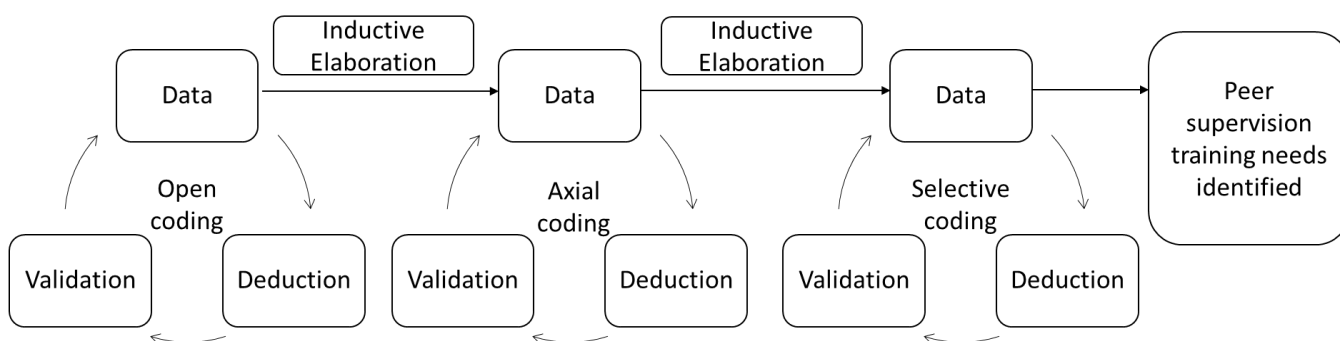


Figure 1. Representation of how grounded theory was applied as an analysis method in this study. Figure is based on the work of Strauss and Corbin (1998) and Heath and Cowley (2004).

Participants

From a convenience sample of 13 possible participants, student supervisees and student supervisors were recruited from the student-run clinic. The inclusion criteria for participation in a focus group included: participation as a peer supervisor (third-year OTD student) or student therapist (second-year MSOT or OTD student) in a student-run OT clinic at a large research university in the Midwest. Participants were over the age

of 21, full-time graduate-level OT students, and had completed at least one full semester as a peer supervisor or supervisee in the student-run clinic.

A total of six participants (46.15% of eligible participants) consented to participate in the focus group. All the participants were student supervisees, meaning second year MSOT or OTD students. No student supervisors, meaning third year OTD students, consented to participate in this study.

Procedures

This study was approved by the Institutional Review Board (IRB) at the Human Research Protection Office at a large research university in the Midwest. The Principal Investigator and research team members had no conflicts of interest to disclose. Following approval from the IRB, participants attended an informational session a week prior to the focus group. At the informational session, they received a fifteen minute PowerPoint presentation on the project including a description of how focus groups would be conducted, recorded, and used as data in the project. The consent forms were read aloud to participants. Following the information session, written consent was obtained in private or in small groups by a member of the research team.

A research team member who had no previous or future participation planned in the student-run clinic facilitated the focus group. The event was held on campus but in a separate location from the student-run clinic site. The facilitator adhered to a protocol and provided the prompts for the focus group questions (see Table 1). Participants were encouraged not to use names, gendered pronouns, or other identifying features during the conversation. An audio digital recorder taped the conversation. It was then given to a member of the research team to transcribe and de-identify the data. Two research team members audited the transcript for accuracy. The audio file was destroyed after the transcription audit. The audio transcription was then stored in a password protected, secure designated research file on the University's secure, password protected network.

Table 1

Focus Group Questions

1. How do you define supervision?
2. How do you define supervision in OT?
3. Please describe what good supervision for OT looks like in a clinical education setting, such as the Stroke Clinic.
4. Please describe what good supervision for OT looks like in a Level II fieldwork experience. (If unsure, what do you expect it to look like?).
5. Please describe what is working well with the present student supervision model of the Stroke Clinic.

6. Please describe what is not working well with the present student supervision model of the Stroke Clinic.
7. Please describe the characteristics of a good supervisee.
8. Please describe the responsibilities the supervisee has in maintaining a relationship with their supervisor.
9. Please describe the characteristics of a good supervisor.
10. Please describe the responsibilities the supervisor has in maintaining a relationship with their supervisee.

Note. Questions were answered by participants ($n=6$) in one 60-minute session.

Data Analysis

Data was analyzed using Strauss and Corbin's grounded theory approach (Strauss & Corbin, 1990; Strauss & Corbin 1998) and a comparative analysis to identify themes. Research team members analyzed the transcript using open, axial, and selective coding (see Figure 2). The resulting themes served to identify peer supervision training needs.

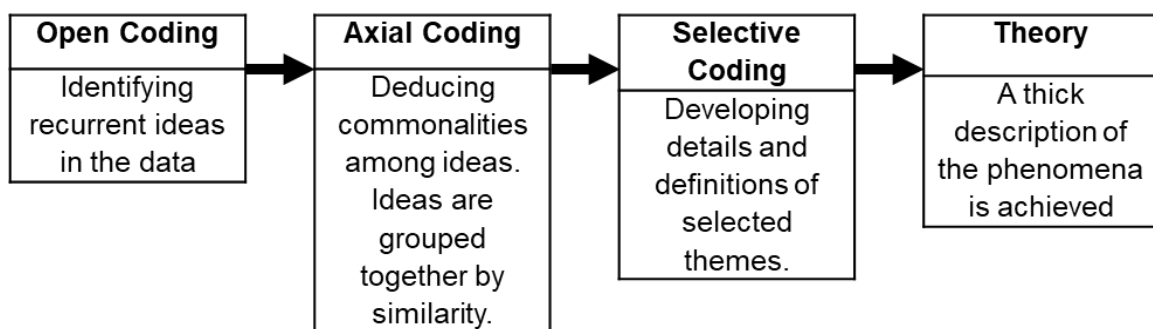


Figure 2. Use of Strauss and Corbin's (1998) approach to grounded theory to illustrate inductive elaboration of the data between each phase outlined.

Open Coding

Open coding involves going through the data and giving labels, or "codes," to concepts observed to be occurring and re-occurring in the data (Heath & Cowley, 2004). In the open coding phase (see Figure 3), two research team members performed open coding of the transcript. Each researcher generated their own separate list of codes, totaling to 77 codes. Afterwards, codes were validated through a "quick check" to assess whether the separate lists of codes appeared to share similarities. This validation step was double-checked with NVivo version 11, a computer-assisted qualitative data analysis system (NVivo qualitative data analysis Software; QSR International Pty Ltd. Version 11, 2015). Data saturation was determined by constant comparative analysis of the codes abstracted by the research team. Codes of high frequency were kept while codes of low frequency were thrown out.

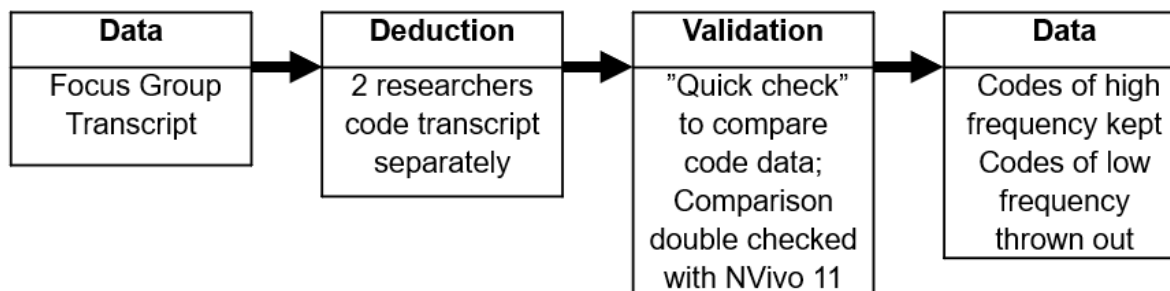


Figure 3. Process of open-coding of transcript data based on the work of Strauss and Corbin (1998).

Axial Coding

Axial coding involves clustering similar codes together through inductive elaboration (Heath & Cowley, 2004). In the axial coding phase (see Figure 4), the research team compared and analyzed individual codes to sort the data into eight categories. Code clusters were double checked for context to check that the grouping process did not change the original code meaning. A total of eight code clusters were identified: *professional communication, learning, positive learner characteristics, strategy, guided discovery, feedback, professional behaviors, and student reported characteristics.*

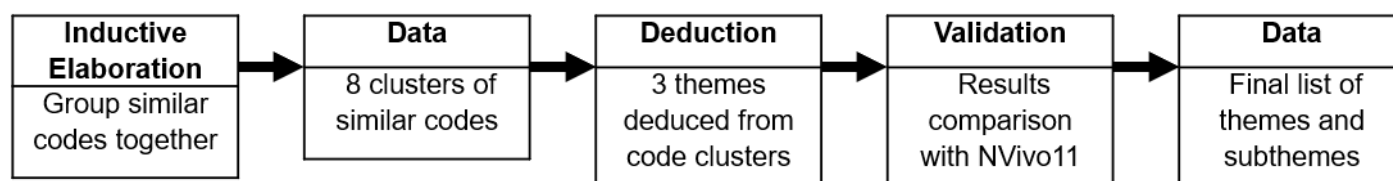


Figure 4. Process of axial-coding & selective coding based on the work of Strauss and Corbin (1998).

Selective Coding

Selective coding involves deciding on the core selection of themes and developing details and definitions of the themes (Heath & Cowley, 2004). Central themes of these clusters were deduced to generate a final list of three themes: feedback, guided discovery, and professionalism (communication and behavior). A validation check was run through a word frequency query with the computer-assisted qualitative data analysis system. The software identified word frequency clusters between the two lists of open codes. The top three clusters were expectations, learning, and communication. Through inductive elaboration, it was determined that the constructs associated with “expectations” (timeliness, quality, constructive, clear) fit the focus group discussions around feedback. Likewise, the constructs associated with “learning” (graded, guidance, support, and collaborative) fit the theme of guided discovery. Finally, the constructs of “communication” (relationship, management, advocacy, connection) meshed well with the theme of professionalism.

Data Triangulation

Themes identified in the selective coding phase were compared with themes from a scoping review of peer supervision (Murphy-Hagan & Milton, 2019) in order to triangulate the data (see Figure 5). A validation check was run for each theme to determine whether themes identified in the literature were in alignment with themes identified in the focus group transcript. This check was accomplished through a word frequency query performed with NVivo version 11 (NVivo qualitative data analysis Software; QSR International Pty Ltd. Version 11, 2015). First, a word frequency query of transcript codes was conducted to capture all subthemes that fell under a given code. Next, a word frequency query was conducted by scanning the results sections of peer supervision articles identified in the prior scoping review (Murphy-Hagan & Milton, 2019). The queries functioned as a validation check to confirm or deny the conclusions drawn by the researchers as to which themes and codes were the most frequent in the transcript and in the literature. The researchers examined the literature to discover the presence of word references aligned with the three identified themes (feedback, guided discovery, and professionalism). The top five subthemes in both the transcript and the literature for feedback, guided discovery, and professionalism were identified and compared for similarities (see Table 3).

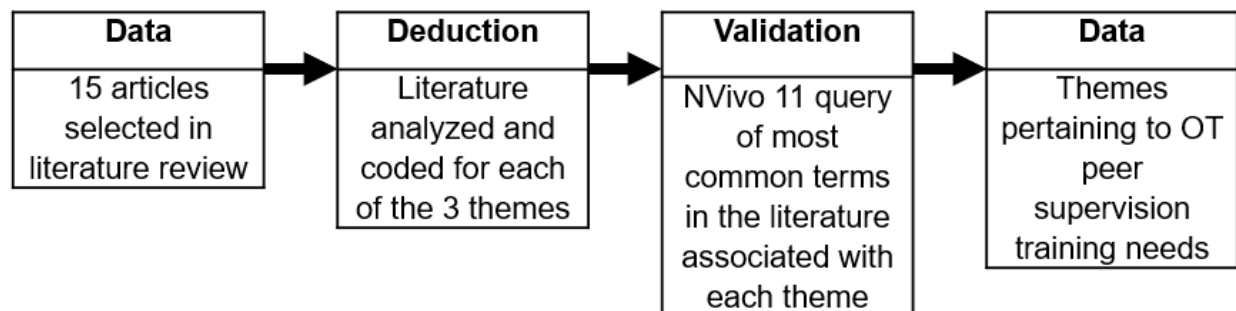


Figure 5. Data triangulation of three themes with the literature based on the work of Strauss and Corbin (1998).

An additional query was run to examine the contribution of each literature source to the three major themes. This step was undertaken to check that literature themes contributing to the data were gathered evenly across sources. Results revealed that all 15 sources contributed to data gathered in the selective coding process with nearly half of them contributing to thematic areas (see Table 2).

Table 2

Most Frequently Cited Literature for Data Triangulation

Source	Themes supplied	Reference frequency
(Berk, 2005)	Feedback, Guided Discovery, Professionalism	14
(Chipchase et al., 2012)	Guided Discovery, Professionalism	12
(Fone, 2006)	Feedback, Guided Discovery, Professionalism	6
(Martin, Copley, & Tyack, 2014)	Feedback, Guided Discovery, Professionalism	9
(Milner & Bossers, 2005)	Feedback, Guided Discovery, Professionalism	15
(Pfund et al., 2013)	Feedback, Guided Discovery, Professionalism	7
(Spence et al., 2001)	Feedback, Guided Discovery, Professionalism	21

Note. The table above shows the frequency of references per source and frequency of themes during the data triangulation process.

Study Trustworthiness

Rigor was achieved through three main strategies. The first strategy was to limit bias by separating the coding research team members from the focus group data. A research team member with no affiliation with the student-run clinic facilitated the focus groups in a neutral location. Data was de-identified and researchers were blinded to one another's coding process until after the open coding phase. The second strategy was to ensure interrater reliability by validating results from each coding phase. This was achieved through coding queries with a computer-assisted qualitative data analysis system. The third strategy was to triangulate data with themes identified in the literature.

RESULTS

Three themes emerged from the focus groups as training needs for OT students engaging in peer supervision. First, there was evidence that effective feedback was dependent on clear expectations, timing, and content. Secondly, there was evidence that students needed guidance in creating learning experiences, collaborating, and offering appropriate levels of support—a theme identified here as guided discovery. Finally, a need existed to teach professionalism by building skills in communication,

relationship management, and advocacy. Consistent with a study by Stutz-Tannenbaum and Hooper (2009), such skills typically must be taught as they are not innate, nor dependent on clinical skill. Table 3 outlines the results of querying themes from the transcript with themes from the literature. The query resulted in the following top five subthemes for each category

Table 3

Comparing Subthemes from the Literature and Transcript

Theme	Codes from transcript	Codes from literature	Examples
Feedback	Expectations Timeliness Quality Constructive Clear	Evaluation Timing Appropriate Criticism Clear	<ul style="list-style-type: none"> • Supervision contract • Using a standardized form to structure feedback • Committing to a time and setting for the feedback to take place • Providing different modes for receiving feedback: written, verbal, etc. • Referring to pre-existing expectations e.g. syllabus, clinic standards and rules
Guided Discovery	Learning Graded Guidance Support Collaborative	Practice Knowledge Reflective Demonstrating Skills	<ul style="list-style-type: none"> • Self-reflection by both parties • Collaborative problem-solving • Providing encouragement and morale support to the learner • “Grading” the learning challenge up and down (e.g. more feedback at the start of clinic, less feedback towards the end)
Professionalism	Communication Relationship Management Advocacy Connection	Communication Relationship Effective Expectations Understanding	<ul style="list-style-type: none"> • Weekly communication form for feedback on process • Adhering to formal rules and expectations (e.g. dress code, showing up on time for meetings, respecting deadlines) • Addressing conflict and developing comfort with difficult conversations

Note. Transcript and literature subthemes generated and compared with the computer-assisted qualitative data analysis system, NVivo version 11 (NVivo qualitative data analysis Software; QSR International Pty Ltd. Version 11, 2015).

Feedback

Table 3 shows codes related to the feedback theme in both the transcript and literature centered on evaluative expectations, timing, clarity, appropriateness, and quality of constructive criticism. Students wanted clarity around the supervision role with their peer and clear guidelines, as well as feedback to guide their success.

The expectations behind evaluation should be clear. Students expressed a desire for clear expectations and noted that such expectations could improve their relationship with their supervisor. As one student pointed out: “[. . .] clear expectations help people to be a better supervisor [. . .]” and “the more clear those are ahead of time the easier it is for them to give effective feedback [. . .].”

Providing well-timed feedback. Students related the timing of the feedback to their ability to listen to and use the feedback effectively. Presence of colleagues and clients factored into openness to feedback. A student related:

[in an] educational setting, like the clinic, it’s important to know when is best to provide feedback, especially if you are with other people. So, knowing an appropriate time to give feedback is important in supervisors as well as letting [. . .] the student or supervisee learn from their mistakes before stepping in.

The group agreed that immediate feedback seemed to be the best.

Quality, constructive, and clear. Students spoke of the importance of having feedback presented in many different formats. They also noted the importance of open communication and a flexible style to match the learning needs of the supervisee. As one student explained, “I know different people take it differently [. . .] some people like it written down, some people like it verbally [. . .].” Another student suggested that feedback styles may need to be adjusted over the course of the supervision relationship. In summary, “I think for some people they need a lot of direct feedback at first to build that confidence and then maybe as time goes on they want to struggle through it more and they don’t need as much feedback [. . .].”

Guided Discovery

Table 3 shows codes related to the guided discovery theme in both the transcript and the literature centered on learning knowledge for practice and the collaborative learning process. Successful peer supervision relationships used collaboration, support, and guidance to enhance learning.

Collaboration. Students appreciated the ability to have an equal exchange with their supervising peers. The peer-to-peer relationship made many students feel more open to negotiating better understanding. As a student reflected, “it becomes a conversation because we are peers, which helps me learn for the future” and “It’s like I am learning the process and thinking behind what they are saying to change something, which I find valuable because that’s what I am trying to get from them.” Another student noted, “I think feedback needs to be collaborative as well [. . .] if they ask me, ‘what do you think went well?’ Then you can do some self-reflection and then they can build off of that [. . .].”

Support. Students resonated with the sentiment of having a friend in the corner who was supporting their development. As one student explained, “It’s kind of like a safe failure. Your friend is like going to support you and like succeed.” Another student spoke about the value of the supervision relationship being peer-based because it meant that each understood where the other was coming from. Moreover, there was a belief that the supervisor had an understanding of challenges in the near-future. As summarized by a student, “They understand what’s to come for us [...] what’s going to be expected on fieldworks and things like that since they’ve been through it.” Students also appreciated the emotional support a peer could bring to the relationship. As the new student therapists wrestled with feelings of anxiety, they found their peer supervisors were able to step in as a comfortable resource. A student related:

I almost felt like sometimes they were using their therapeutic use of self on me ... I get very anxious before meeting a client for the first time. So, they were very encouraging, like, ‘it’s going to be ok,’ like, ‘I’ll go down [to meet the client] with you.’ Things like that extra support I really appreciated.

Learning to create learning experiences. Students appreciated a balance of heavy support in new areas and lessened support in areas of emerging competence. One student noted:

There is definitely like a fine line between there’s stuff we don’t know, we won’t know we need help with. But then there’s other things like if you just guide us, then we figure it out for ourselves. And that’s so much more valuable to figure it out for yourself and it sticks more than rather just being given the answers.

Useful techniques included more feedback early on in treatment planning, asking probing questions, guiding towards helpful resources, and understanding when to allow a peer to problem-solve independently.

Professionalism

Table 3 shows codes related to the professionalism theme in both the transcript and literature centered on communication and relationship skills associated with supervision duties. Results showed that students in a peer supervision relationship may need training in effective communication with a supervisor or supervisee figure. Additionally, students stand to benefit from learning professional behavioral skills that enhance the supervision relationship.

Communication. Despite the peer-to-peer relationship, students stressed the importance of respectful, professional communication. One student reflected, “For me personally it’s not what you say to me, it’s how you say it.” Others advocated for a weekly feedback form that supervisor-supervisee pairs could use as a discussion tool for negotiating learning objectives and supports. Students described an ideal peer supervisor/supervisee as one who is “open to feedback [...] doesn’t take things personally” and “really willing to [...] to learn and hear new perspectives.”

Relationship management through behaviors. Students discussed the impact of professional behaviors in maintaining and contributing worth to the supervision relationship. A student described this as “just some of like formalities. Showing up on time. Being prepared. [. . .] the way that they dress. The way that they present themselves.” Others stressed the importance of meeting agreed upon expectations: “meeting those deadlines when they say they are going to meet them is important to maintaining the relationship.” Maintaining the formalities and meeting the expectations of the relationship communicated respect. This made students ready to place trust in the supervision relationship. When the peer supervisor maintained an air of professionalism, they communicated that the supervision relationship was a priority. When the supervisee, in turn, responded in a professional manner, they communicated their readiness to learn.

Advocacy regarding learning needs and supports. Students identified successful supervisees as those who tried to resolve problems on their own first and were self-directed. They stressed the importance of initiating difficult conversations, such as approaching a peer supervisor if something in the relationship was not working. Many students related that advocacy was difficult. One student noted, “[...] if I don’t 100% get on board with what they’re telling me or telling the client during the session, I’ve found it’s hard really to speak up.”

DISCUSSION

A contribution of this study is the addition of OT student voices to the conversation around peer supervision. This study relied on grounded theory as a methodology for uncovering educational and training supports needed to assist OT students with peer supervision in a student-run clinic. While a unifying theory is typically the outcome of grounded theory, due to the small sample size, a new theory did not emerge from the data.

Codes identified in the transcript and validated with codes in the literature suggest that OT peer supervision competencies were contingent on skillful abilities in feedback, guided discovery, and professionalism. Notably, clinical expertise was not a predominant theme to emerge from the results. This finding suggests that skillful relationship abilities are of greater value to peer supervision relationships than clinical expertise alone. Relationships are at the heart of adult learning. The challenge is to, “[. . .] recognize where individual learners are at the beginning of a learning experience, and [. . .] be attentive to changes in needs for direction and support during the learning experience” (Knowles et al., 2005, p. 196). Educational frameworks suggest self-concept and self-efficacy, key features of andragogy and nurturing perspective on teaching, are fundamental to significant learning experiences. The major themes of the transcript (feedback, guided discovery, and professionalism) are supported by these educational theories in the following ways.

Feedback

Effectiveness of feedback was found to be based on clarity of expectations, timing, and message content. These findings correspond with principles of andragogy, which state

adults must be ready to learn (timing) and the material must be relevant to their occupations (Knowles, 1973). Similarly, Pratt's (1998) nurturing perspective states that learning is determined by self-concept and self-efficacy, namely, "[. . .] learners must be confident that they can learn the material and that learning the material will be useful and relevant to their lives" (p. 49). Learners may be more receptive to feedback if they help create the evaluative expectations and partake in their own self-directed reflection. Previous studies on clinical and peer supervision recommend feedback be "clear, owned, regular, balanced, and specific" (Sweeney, Webley, & Treacher, 2001, p. 429), focus "on specific, concrete examples of the clinical supervisee's clinical activities" (Spence et al., 2001, p.142) and accommodate for the supervisee's "level of professional maturation" (Saucier, Paré, Côté, & Baillargeon, 2012, p. 1999). Taken together, the evidence suggests that feedback that is task-oriented and occupationally relevant will have the most effectiveness, especially when timed in such a way that the feedback can be used productively. Focus group participants advocated for a feedback form they could fill out with their peer supervisor immediately following a therapy session with a client.

Guided Discovery

Students wanted to gain knowledge in creating meaningful learning experiences. They identified collaboration and social support among the benefits of OT peer supervision. The idea of having such support helped build student self-efficacy as they felt supported and safe to learn. Many students felt learning from peers made the learning more accessible. These advantages of peer supervision have been echoed in the literature. According to Hillerbrand (1989) and re-explained by Borders (1991), "novices speak the same language and model achievable skill levels, increasing self-efficacy and motivation to learn" (p. 248).

Given the research by Hillerbrand (1989) and Borders (1991), it is not surprising that the students did not name the clinical expertise of the supervisor as an important factor. Rather, the relationship appeared to be the "mediator for enhanced professional development" (Thomasgard & Collins, 2003, p. 307). The students' sentiment that peer supervision created a "safe failure" and fostered a sense of responsibility towards the mutual growth and well-being resonates with previous peer supervision studies. A case study by Golia and McGovern (2015) found:

Initially, collaborating with peers served to decrease anxiety related to one's own clinical competence and skills by exposing others' vulnerabilities and concerns. Being members of a non-judgmental, supportive community, trainees were able to explore their own thoughts, feelings and reactions, as well as provide invaluable support to their peers [. . .]. In time, trainees adopted feelings of interdependence with, and responsibility to, their colleagues, which reinforced the value of this engagement (p. 646).

Similarly, students were ready to place trust in a relationship where their supervisor could “understand where we’re coming from” especially since recently “they’ve been through [fieldwork].” Peer learning in this context seemed to foster a desire for mutual support and growth, encouraging exploration of clinical challenges.

Students did not voice concerns that peer supervision would lead to dependency. Rather, students wanted the amount of support to decrease overtime in accordance with skill gain. In “learning the process and thinking behind what they are saying,” students felt partnering with their peer supervisor gave them the tools to assume greater independence during the therapy session. Collaborative learning and social support relates to andragogy and nurturing perspective conceptions of self agency. Learners must be supplied with support and encouragement while being held to expectations that are challenging, meaningful, and realistic (Pratt, 1998). Furthermore, andragogy holds that adult learners should have an active role in planning and evaluating their learning experiences and defining goals (Knowles, 1973). Since adult learning is problem-centered, instruction should involve elements of guided-discovery, allowing the adult learner to encounter challenges in real-world and occupation-based context. The students receiving peer supervision endorsed the role of the peer supervisor in creating these challenges and learning experiences.

Professionalism

Students spoke to their emerging self-concept as a professional by expressing motivation to learn to embrace difficult conversations, advocate for their own learning needs, and address problematic behaviors. Adult learners are most interested in content that can be immediately applied to their daily lives and “the critical implication of this assumption is the importance of timing learning experiences to coincide with the learner’s developmental tasks” (Knowles, 1973, p. 47). This suggests adult students may benefit from, and even require, direct experiences working in places where professional behaviors are practiced and valued in order for those students to operationalize those skills. As Pratt (1998) stated, “[. . .] content becomes a means rather than an end; it is the means through which individuals achieve certain goals and, more importantly, learn that they are capable and self-reliant learners” (p. 50). Occupational therapy students engaged in peer supervision must develop their self-concept as a professional through careful cultivation of communication, relationship, and behavioral skills. Accumulation of these abilities endow a sense of professional identity rather than the mere conferral of a degree or title. Occupational therapy educators can use this knowledge to encourage students to try out professional behaviors and communication skills in context-relevant situations.

Limitations

This study aimed to capture the unique perspectives of OT students in the clinic. While voices of peer supervisees were captured, no third-year OTD peer supervisors elected to participate in the study. The absence of supervisor perspectives and the small sample size limited the researchers from identifying a theory. Peer supervisor perspectives could have been gained through theoretical sampling. This was not done because the researchers initially prioritized participants based on their involvement in

the clinic. When it became apparent that absence of the supervisor theory would limit theory outcomes, alternative samples were considered but ultimately dismissed due to the uniqueness of the setting.

The small sample size may have deterred people from sharing for fear of exposure. While steps were taken to minimize this risk to participants, it may have limited the sharing in the focus group discussion. Although steps were taken to eliminate bias, the research team members had preexisting relationships with the study participants. One research team member was a participant in the student-run clinic. While Strauss and Corbin (1990) qualify personal experience as a foundation for theoretical sensitivity, it undoubtedly influences interpretations of the results. Another research team member was a professor and researcher within the OT program. While Strauss and Corbin (1990) also state that professional experience heightens theoretical sensitivity, a faculty member's lived experience of the student-run clinic in context of the OT program may have also influenced study outcomes.

Future Studies

Continued research should concentrate on theory generation by exploring peer supervision in other OT student-run clinics. This will address limitations of the present study in the following ways:

- (1) Inclusion of peer supervisor perspectives will contribute to the emergence of a theory;
- (2) Decreasing contact between researchers and study participants will invite an etic perspective; and
- (3) Use of theoretical sampling in accordance with data needs will clarify the theory.

Future studies may contribute to developing a clinical educational model of OT peer supervision. The results of this study indicate Pratt's (1998) nurturing perspective and Knowles' (1973) andragogy may be a useful starting point to understanding the mechanisms behind successful peer supervision.

Newly adopted Accreditation Council for OT Education (ACOTE®) Standards (2018) require graduate-level OT programs and educators to regularly evaluate, document, and provide feedback on student professional behaviors. An organized peer supervision model may provide OT educators with opportunities for:

- (1) Regular evaluation and feedback on professional behaviors (Standard A.3.5);
- (2) Advising related to professional behaviors (Standard A.3.7); and
- (3) Assessment strategies to assure the acquisition of professional behaviors (Standard A.5.7).

Using a ready-made peer supervision model would allow educators to critique the quality of feedback between peers, a template for the observation of collaborative learning. Finally, implementation of a formal peer supervision structure gives the instructor a platform to voice expectations around professional behaviors and establish a culture of professional development.

Presently, there is a shortage of fieldwork educators and placement sites (Ozelie, Janow, Kreutz, Mulry, & Penkala, 2015) due to increased student enrollment in OT programs, thus leading to a situation where there are more students than available placement sites (Rindflesch et al., 2009) and tighter reimbursement regulations (AOTA, 2018b). Future studies should explore whether an OT practitioner-facilitated peer supervision model in a student-run clinic could serve as an acceptable alternative to Level I fieldwork placements.

CONCLUSION AND IMPLICATIONS FOR OT EDUCATION

The results indicate clinical knowledge alone is not enough for successful supervision. To feel ready to supervise peers, students voiced concerns about how to teach clinical skills, create and uphold expectations, and communicate and act in a professional manner. Specifically, peer supervision relationships stand to benefit from training around giving and receiving feedback and aligning expectations with their peers. These results highlight the powerful potential of role modeling as a mechanism for professional growth in the supervision relationship. Just as OTs advocate occupation-based interventions for clients, students may stand to benefit from occupation-based learning. There should be opportunities for students to try out skills essential for supervision so that they may feel comfortable stepping into these roles as therapists.

The results of this study have the following implications for OT education:

- Educational frameworks of andragogy and the nurturing perspective on teaching are relevant to creating successful OT peer supervision experiences.
- OT peer supervision competencies center on skillful relationship abilities more than clinical expertise alone.
- When peer supervisors are fluent and flexible in providing well-timed, specific feedback, supervisees are better able to apply the feedback.
- Peer supervision offers opportunities for collaborative learning in which students learn from and with the experiences of others.
- The collaborative and supportive nature of peer supervision relationships translates to greater self-concept as an emerging OT. Hence, the peer supervision relationship itself, is grounds for significant learning.
- Peer supervision when implemented with an OT curriculum provides OT educators with built-in opportunities to assess and coach student professional behaviors.
- Student-run clinics utilizing an OT practitioner-facilitated peer supervision model may address Level I fieldwork shortages by offering an acceptable alternative placement.

References

Accreditation Council for Occupational Therapy Education. (2018). Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guide. Retrieved from <https://www.aota.org/~media/Corporate/Files/EducationCareers/Accredit/StandardsReview/2018-ACOTE-Standards-Interpretive-Guide.pdf>

- Akhurst, J., & Kelly, K. (2006). Peer group supervision as an adjunct to individual supervision: Optimising learning processes during psychologists' training. *Psychology Teaching Review*, 12(1), 3-15. Retrieved from <http://www.bpsshop.org.uk/Psychology-Teaching-Review-Vol-12-No-1-2006-P908.aspx>
- American Occupational Therapy Association. (2018a). Occupational therapy education research agenda – revised. *American Journal of Occupational Therapy*, 72(Suppl. 2), 7212420070p1-7212420070p5. <https://doi.org/10.5014/ajot.2018.72S218>
- American Occupational Therapy Association. (2018b). OT/OTA student supervision & Medicare requirements. Retrieved from <https://www.aota.org/~media/corporate/files/secure/advocacy/reimb/coverage/ot-ota-student-medicare-requirements.pdf>
- American Occupational Therapy Association. (2015a). Philosophy of occupational therapy education. *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410053. <https://doi.org/10.5014/ajot.2015.696S17>
- American Occupational Therapy Association. (2015b). Standards for continuing competence. *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410055. <https://doi.org/10.5014/ajot.2015.696S16>
- American Occupational Therapy Association. (2002). Fieldwork Performance Evaluation for the Occupational Therapy Student [Assessment instrument]. Bethesda, MD; AOTA Press. Retrieved from: myaota.aota.org/shop_aota/prodview.aspx?TYPE=D&SKU=1170B
- Berk, R. A. (2005). Measuring the effectiveness of faculty mentoring relationships. *Journal of Medical Education*, 80(1), 66-71. <https://doi.org/10.1097/00001888-200501000-00017>
- Bogdan, R. C., & Biklen, S. K. (2007). *Qualitative research for education: An introduction to theory and methods* (5th ed.). United States: Pearson.
- Borders, L. D. (1991). A systematic approach to peer group supervision. *Journal of Counseling & Development*, 69(3), 248-252. <https://doi.org/10.1002/j.1556-6676.1991.tb01497.x>
- Chipchase, L. S., Buttrum, P. J., Dunwoodie, R., Hill, A. E., Mandrusiak, A., & Moran, M. (2012). Characteristics of student preparedness for clinical learning: Clinical educator perspectives using the Delphi approach. *BMC Medical Education*, 12, 112. <https://doi.org/10.1186/1472-6920-12-112>
- Fone, S. (2006). Effective supervision for occupational therapists: The development and implementation of an information package. *Australian Occupational Therapy Journal*, 53(4), 277-283. <https://doi.org/10.1111/j.1440-1630.2006.00581.x>
- Golia, G. M., & McGovern, A. R. (2015). If you save me, I'll save you: The power of peer supervision in clinical training and professional development. *British Journal of Social Work*, 45(2), 634-650. <https://doi.org/10.1093/bjsw/bct138>

- Grenier, M. L. (2015). Facilitators and barriers to learning in occupational therapy fieldwork education: Student perspectives. *American Journal of Occupational Therapy*, 69(Supplement 2), 6912185070p1-9. <https://doi.org/10.5014/ajot.2015.015180>
- Heath, H., & Cowley, S. (2004). Developing a grounded theory approach: A comparison of Glaser and Strauss. *International Journal of Nursing Studies*, 41(2), 141-150. [https://doi.org/10.1016/S0020-7489\(03\)00113-5](https://doi.org/10.1016/S0020-7489(03)00113-5)
- Hillerbrand, E. (1989). Cognitive differences between experts and novices: Implications for group supervision. *Journal of Counseling and Development*, 67(5), 293-296. <https://doi.org/10.1002/j.1556-6676.1989.tb02605.x>
- Knowles, M. (1973). *The adult learner: A neglected species*. Houston, TX: Gulf Publishing Company. Retrieved from: <https://files.eric.ed.gov/fulltext/ED084368.pdf>
- Knowles, M. S., Holton, E. F., & Swanson, R. A. (2005). *The adult learner: The definitive classic in adult education and human resource development* (5th ed.). Burlington, MA: Elsevier. <https://doi.org/10.4324/9780080481913>
- Luborsky, M. R., & Lysack, C. (2006). Overview of qualitative research. In G. Kielhofner (Ed.), *Research in occupational therapy: Methods of inquiry for enhancing practice* (pp. 326-340). Philadelphia, PA: F. A. Davis Company.
- Martin, P., Copley, J., & Tyack, Z. (2014). Twelve tips for effective clinical supervision based on a narrative literature review and expert opinion. *Medical Teacher*, 36(3), 201-207. <https://doi.org/10.3109/0142159X.2013.852166>
- Milner, T., & Bossers, A. (2005). Evaluation of an occupational therapy mentorship program. *Canadian Journal of Occupational Therapy*, 72(4), 205-211. <https://doi.org/10.2182/cjot.05.0003>
- Moss, J., Teshima, J., & Leszcz, M. (2008). Peer group mentoring of junior faculty. *Academic Psychiatry*, 32(3), 230-235. <https://doi.org/10.1176/appi.ap.32.3.230>
- Murphy-Hagan, A., & Milton, L.E. (2019). Towards identifying peer supervision competencies for graduate-level occupational therapy students: A scoping review. *Journal of Occupational Therapy Education*, 3(1), 1–28. <https://doi.org/10.26681/jote.2019.030104>
- Ozelie, R., Janow, J., Kreutz, C., Mulry, M. K., & Penkala, A. (2015). Supervision of occupational therapy Level II fieldwork students: Impact on and predictors of clinician productivity. *American Journal of Occupational Therapy*, 69, 6901260010. <https://doi.org/10.5014/ajot.2015.013532>
- Pfund, C., House, S., Spencer, K., Asquith, P., Carney, P., Masters, K. S., . . . Fleming, M. (2013). A research mentor training curriculum for clinical and translational researchers. *Clinical and Translational Science*, 6(1), 26-33. <https://doi.org/10.1111/cts.12009>
- Pratt, D. D. (1998). *Five perspectives on teaching in adult and higher education*. Malabar, FL: Krieger Publishing Co.
- QSR International Pty Ltd. (2015). NVivo qualitative data analysis Software (Version 11) [Computer Software]. Retrieved from <http://qsrinternational.com>

- Rindfleisch, A. B., Dunfee, H. J., Cieslak, K. R., Eischen, S. L., Trenary, T., Calley, D. Q., & Heinle, D. K. (2009). Collaborative model of clinical education in physical and occupational therapy at the Mayo Clinic. *Journal of Allied Health, 38*(3), 132-142. Retrieved from <http://www.asahp.org/journal-of-allied-health>
- Saucier, D., Paré, L., Côté, L., & Baillargeon, L. (2012). How core competencies are taught during clinical supervision: Participatory action research in family medicine. *Medical Education, 46*(12), 1194-1205. <https://doi.org/10.1111/medu.12017>
- Spence, S. H., Wilson, J., Kavanagh, D., Strong, J., & Worrall, L. (2001). Clinical supervision in four mental health professions: A review of the evidence. *Behaviour Change, 18*(3), 135-155. <https://doi.org/10.1375/bech.18.3.135>
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedure and techniques*. Newbury Park, CA: Sage.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Grounded theory procedures and technique* (2nd ed.). Newbury Park, CA: Sage.
- Stutz-Tannenbaum, P., & Hooper, B. (2009). Creating congruence between identities as a fieldwork educator and a practitioner. *Special Interest Section Quarterly: Education, 19*(2), 1-4.
- Sweeney, G., Webley, P., & Treacher, A. (2001). Supervision in occupational therapy, Part 3: Accommodating the supervisor and the supervisee. *British Journal of Occupational Therapy, 64*(9), 426-431. <https://doi.org/10.1177/030802260106400902>
- Thomasgard, M., & Collins, V. (2003). A comprehensive review of a cross-disciplinary, case-based peer supervision model. *Families, Systems & Health, 21*(3), 305-320. <https://doi.org/10.1037/1091-7527.21.3.305>
- Wimpenny, K., Forsyth, K., Jones, C., Evans, E., & Colley, J. (2006). Group reflective supervision: Thinking with theory to develop practice. *British Journal of Occupational Therapy, 69*(9), 423-428. <https://doi.org/10.1177/030802260606900906>
- Yerxa, E. J. (1975). On being a member of a 'feminine' profession. *American Journal of Occupational Therapy, 29*(10), 597-599.