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The Critical Friend: Development of a Peer Supervision Training for a Student-run Occupational Therapy Clinic

Anne Murphy-Hagan
Washington University School of Medicine

Lauren E. Milton
Washington University School of Medicine in St. Louis

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Abstract

An occupational therapy program at a research institution in the Midwest offers a student-run outpatient stroke clinic to prepare learners for the student-to-clinician transition. Notably, the students practice peer supervision in which participants with roughly the same level of training monitor, evaluate, and support one another. This project details the development of *The Critical Friend*, an evidence-based peer supervision training program implemented in a student-run occupational therapy clinic. The ADDIE Model of Instructional Design, which classifies five phases of instruction implementation (analyze, design, development, implementation, and evaluation) was utilized to translate research knowledge into a learning deliverable. This paper focuses on the design, development, and implementation phases of *The Critical Friend*. In the design phase, data from a scoping review on peer supervision and a focus group with key stakeholders informed learning objectives and instructional strategies. In the development phase the *Webinar Integration Tool* was used to select a learning management system. In the implementation phase, *The Critical Friend* was embedded in the existent coursework associated with the student-run clinic in the form of three e-learning modules. The e-modules focused on feedback, guided discovery, and professionalism. Each provided a series of actionable steps for both supervisors and supervisees to effectively navigate a peer supervision relationship.

Keywords

Peer supervision, occupational therapy, experiential learning

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Anne Murphy Hagan, OTD, OTR/L

Lauren E. Milton, OTD, OTR/L

Washington University School of Medicine

United States

ABSTRACT

An occupational therapy program at a research institution in the Midwest offers a student-run outpatient stroke clinic to prepare learners for the student-to-clinician transition. Notably, the students practice peer supervision in which participants with roughly the same level of training monitor, evaluate, and support one another. This project details the development of *The Critical Friend*, an evidence-based peer supervision training program implemented in a student-run occupational therapy clinic. The ADDIE Model of Instructional Design, which classifies five phases of instruction implementation (analyze, design, development, implementation, and evaluation) was utilized to translate research knowledge into a learning deliverable. This paper focuses on the design, development, and implementation phases of *The Critical Friend*. In the design phase, data from a scoping review on peer supervision and a focus group with key stakeholders informed learning objectives and instructional strategies. In the development phase the *Webinar Integration Tool* was used to select a learning management system. In the implementation phase, *The Critical Friend* was embedded in the existent coursework associated with the student-run clinic in the form of three e-learning modules. The e-modules focused on feedback, guided discovery, and professionalism. Each provided a series of actionable steps for both supervisors and supervisees to effectively navigate a peer supervision relationship.

INTRODUCTION

Peer supervision is a commonly practiced but rarely studied approach in which colleagues of comparable experience and training monitor, appraise, and support one another (Murphy-Hagan & Milton, 2019a). Allied health fields frequently make use of peer supervision for professional training and advancement, as well as team building (Golia & McGovern, 2015). A peer supervision relationship may be formal or informal, in a dyad or group, and is often received in addition to supervision from a recognized authority (Akhurst & Kelly, 2006; Golia & McGovern, 2015).

The Collaborative Model of Clinical Education, developed by the Mayo Clinic (Rindflesch et al., 2009), is the most widely published and recognized instructional model for peer supervision among occupational therapy (OT) and physical therapy (PT) students. Under this model, students are grouped with a clinical education coordinator in ratios of 2:1 or 3:1. While the students receive supervision from their clinical education coordinator, the emphasis is on teaching and learning from one another (Rindflesch et al., 2009). This purportedly addresses concerns with the traditional one fieldwork educator (FWE) to one student ratio that may encourage dependency on the FWE, thereby inhibiting development of problem-solving and critical thinking skills (Hanson & DeIuliis, 2015).

Hanson and DeIuliis (2015) further developed this model for practical use by academic fieldwork coordinators and FWEs. The Collaborative Model of Clinical Education has gained traction with some OT education programs (Kinsella & Piersol, 2018), and OT Assistant education programs (Jazmines-Broersma, 2017). While instructor guidelines for implementation exist (Florida Consortium of Clinical Education, 2013; Hanson & DeIuliis, 2015), the authors are unaware of any training exclusively for students involved in peer supervision. The purpose of this paper is to outline design, development, and implementation of a peer supervision training for a pro bono student-run OT clinic.

LITERATURE REVIEW

The need for training in supervision skills is evident in the countless documented incidents where supervision relationships interfere with perceived clinical performance and competency. Indeed, many causes of fieldwork failure are due to reasons other than clinical incompetency. Examples include failing to ascertain the unspoken rules of the organization's environment (Krusen, 2011), non-disclosure and refusing to seek guidance from the fieldwork educator (Sweeney, Webley, & Treacher, 2001), difficulty responding to constructive feedback (James & Musselman, 2006), as well as certain communicative and behavioral characteristics (Gutman, McCreedy, & Heisler, 1998). Martin, Copley and Tyack (2014) identified the quality of the supervisory relationship as the most influential factor for effective supervision. Thus, learning skills to enhance the quality of the relationship may have implications for clinical learning outcomes. Perhaps by training students to navigate supervisory relationships with peers, they will be better able to actualize these skills in the workforce.

While methods of peer supervision are understudied, there is long-standing evidence that peers can play a significant role in learning. As explained by Borders (1991), novices share a common language and are able to model attainable skills and thus increase learner self-efficacy and motivation. Successful peer supervision relationships are generally characterized as supportive, non-hierarchal, and able to inspire greater motivation and accountability (Spence, Wilson, Kavanagh, Strong, & Worrall, 2001). Moreover, these relationships help prevent burnout by mitigating stress and combatting isolation (Akhurst & Kelly, 2006). Principles of developmental psychology support the unique learning present in peer learning. For example, groups of novices foster cognitive skill acquisition when they verbalize their cognitive processes to one another (Hillerbrand, 1989). Thus, the novices become exposed to the cognitive processes accompanying a variety of attainable skill levels. Lev Vygotsky (1978) calls this well-researched learning process the Zone of Proximal Development.

Peers can help facilitate meaningful learning experiences through this Zone of Proximal Development. Since experts are generally poor at verbalizing their cognitive processes, they are sometimes not ideal models for novices (Hillerbrand, 1989). Peers, on the other hand, develop cognitive rehearsal, in which the novice rehearses others' verbal processes, weighs, reformulates the information, and matches these statements to an internal model (Hillerbrand, 1989). Learning from peers represents a shift from a technical-skills oriented approach to a process-oriented approach, which prepares future practitioners for life-long learning (Cohn et al., 2002, p. 70).

Peer supervision, when focused on collaboration, increases the frequency and quality of feedback. A meta-analysis by Johnson and Johnson (2001) on cooperative learning found:

> The research that has focused on interaction patterns has found that in cooperative situations (compared with competitive and individualistic situations) individuals tend to give and receive more help and assistance (both task-related and personal), exchange more resources and information, give and receive more feedback on task work and teamwork behaviors, challenge each other's reasoning more frequently, more frequently advocate increased efforts to achieve, and more frequently influence each other's reasoning and behavior (p. 10-11).

Furthermore, group processing opens students to perspectives that differ from their own and thus, students become adept at integrating these perspectives (Cohn, Dooley, & Simmons, 2002). A positive outcome of collaborative fieldwork placements is that students become accustomed to providing and receiving feedback on interpersonal skills (Kinsella & Piersol, 2018). Furthermore, peer to peer feedback gives students opportunities to motivate and encourage each other (Kinsella & Piersol, 2018).

Practicing professional communication as a part of OT education is not a new idea. Yerxa (1975) argued 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. Peer supervision groups provide an environment for inculcating self-awareness and synergizing diverse thoughts and perspectives (Lord et al., 2012). Toal-Sullivan (2006) recommended buffering the student to clinician transition with educational supports such as peer coaching, interdisciplinary peer learning, and creating supportive environments that reward peer mentorships. Proponents of the Collaborative Learning Model of Clinical Education suggested that positive peer pressure may inadvertently drive peers to learn and achieve more (Rindflesch et al., 2009). Furthermore, students without a 1:1 clinical instructor are forced to be more independent and take initiative in clinical problem solving (Rindflesch et al., 2009). Reliance on the FWE is lessened as students help each other learn (Cohn et al., 2002).

University-affiliated, pro bono, and student-run clinics have become popular experiential educational resources for OT programs (Seif et al., 2014). These clinics present opportunities for practicing the behaviors of autonomy, assertiveness, self-directed learning, and conflict management skills that Yerxa (1975) spoke to over four decades ago. The authors of the present paper were a part of an OT program offering a university-affiliated, student-run, free clinic for survivors of stroke. Peer supervision and feedback were mandated as a part of participation, but the clinic lacked any specific training to support these objectives. In this study the authors sought to design, develop, and implement an evidence-based training to support the actualization of interpersonal skills needed for effective supervision. The purpose of the training, hereafter referred to as *The Critical Friend*, was to provide students with a structured approach for learning effective peer supervision skills in the context of a student-run free clinic.

METHOD

The purpose of this study was to design, develop and implement an evidence-based training program to enhance peer supervision activities in a student-run OT clinic. The ADDIE Model of Instructional Design provided the methodological template for converting the literature on peer supervision into a deliverable learning platform. The ADDIE Model is a commonly used framework for developing and implementing instructional design (Peterson, 2003).

The ADDIE Model identifies five phases for effective instruction: analyze, design, development, implementation, and evaluation (see Figure 1). The model emphasizes an iterative process of creating, disseminating, and assessing as a part of planning and implementing instruction. In the analyze phase the target audience and specific learning needs are identified, along with specific skills needed to achieve learning objectives. The design phase is concerned with identifying instructional strategies for achieving the learning objectives identified in the analysis phase. In the development phase the

course designers draft and produce a learning deliverable. The development phase also involves selecting or developing materials for assessing course effectiveness. In the implementation phase the course consumers are provided with the instructional product. Finally, in the evaluation phase, instructional design and effectiveness is assessed. This paper focuses on the design, development, and implementation phases of *The Critical Friend*. The analyze and evaluation phases are briefly summarized, however they are the subject of other papers (Murphy-Hagan & Milton, 2019a; Murphy-Hagan & Milton, 2019b).
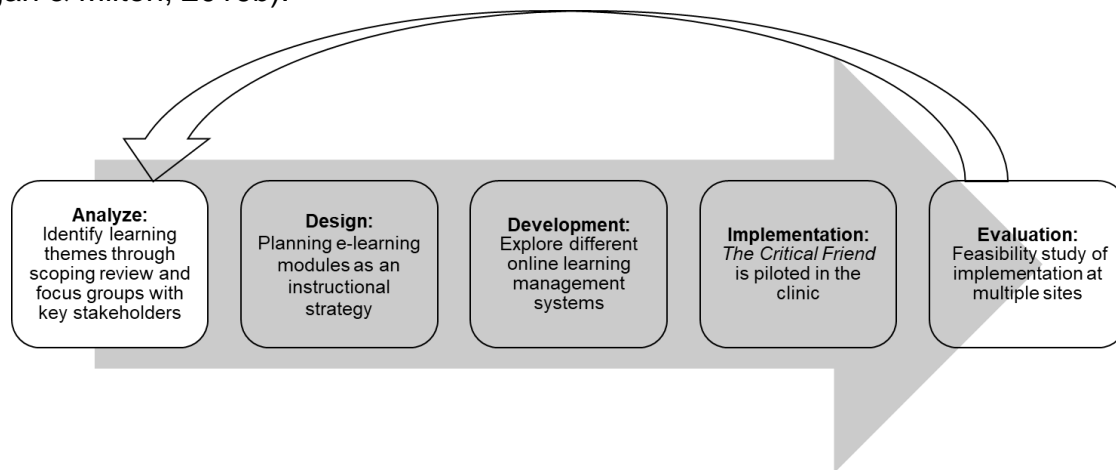
Figure 1. Use of ADDIE Model (Peterson, 2003) in development of *The Critical Friend*.

Analyze

In the analyze phase, a comprehensive needs assessment was performed to identify learning needs and objectives of the target audience. This study took place at a university-affiliated, pro bono student-run OT clinic at a large Midwestern research university. Student responsibilities within the clinic were tiered according to level of academic training. Occupational therapy master (MSOT) students and occupational therapy doctoral (OTD) students in their first academic year learned about evidence-based treatment approaches for stroke survivors with chronic symptoms while MSOT and OTD students in the second academic year directed OT sessions with a client who was a stroke survivor. Second-year students were supervised by third year OTD students. Per state law, all therapeutic activities of the clinic were supervised by a registered and licensed OT. A complete description of clinic activities and responsibilities is outlined in a previous paper in this series (Murphy-Hagan & Milton, 2019b).

In order to identify best practices in peer supervision, a scoping review was conducted to elucidate peer supervision competencies pertinent to OT (Murphy-Hagan & Milton, 2019a). Fifteen studies were analyzed from empirical, conceptual, and gray literature. Findings indicated that OT peer supervision competencies center on flexibility, professional enculturation, providing constructive feedback, psychosocial support, teaching, and clinical skill acquisition. A focus group with key stakeholders (student

participants in the clinic) was conducted to identify training needs specific to the student run clinic (Murphy-Hagan & Milton, 2019b). Three themes emerged from the focus group: *feedback, guided discovery,* and *professionalism* (Murphy-Hagan & Milton, 2019b).

Design
In the design phase, learning objectives and instructional strategies were created based on the three themes identified in the analyze phase. Findings from the analyze phase were integrated through the use of Fink's (2013) work, *Creating significant learning experiences: An integrated approach to designing college courses*. The key components of integrated course design were considered: situational factors, learning goals, feedback and assessment, and teaching and learning activities (see Figure 2). These four components were reviewed to ensure cohesion in a process known as *integration* (Fink, 2013).
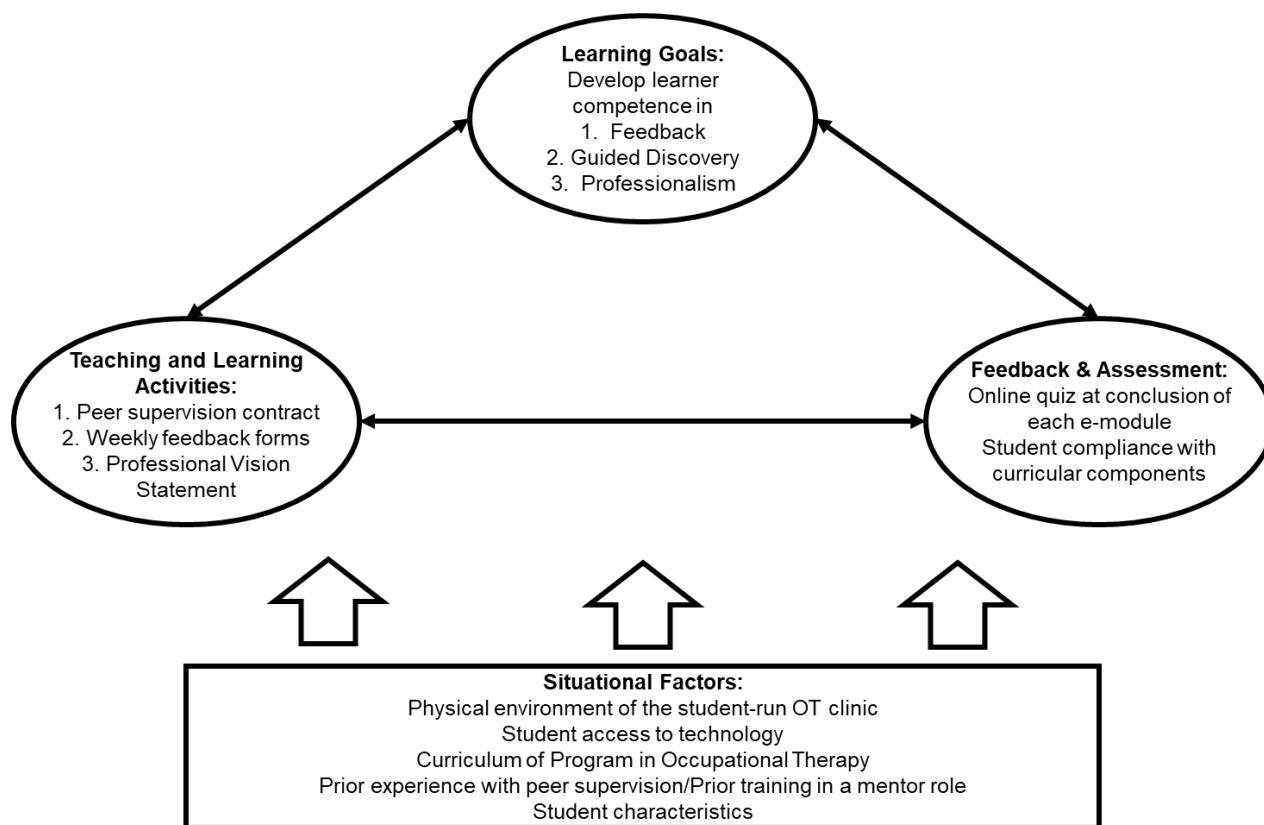
Learning Goals:
Develop learner
competence in
1. Feedback
2. Guided Discovery
3. Professionalism

Teaching and Learning
Activities:
1. Peer supervision contract
2. Weekly feedback forms
3. Professional Vision
Statement

Feedback & Assessment:
Online quiz at conclusion of
each e-module
Student compliance with
curricular components

Situational Factors:
Physical environment of the student-run OT clinic
Student access to technology
Curriculum of Program in Occupational Therapy
Prior experience with peer supervision/Prior training in a mentor role
Student characteristics

Figure 2. The model is expanded upon "The Key Components of Integrated Course Design" (Fink, 2019, p. 2) to explain how these four components of Fink's framework were used to structure course content.

Fink (2013) identified situational factors as: (1) specific context of teaching and learning situation; (2) expectations of external groups; (3) nature of the subject; (4) characteristics of the learners; (5) characteristics of the teacher; and (6) specific

pedagogical challenge. Situational factors influenced selection of significant learning domains from the taxonomy of significant learning. Significant learning is learning that results in transformative knowledge that ends up elevating the life of the student by empowering them to contribute to their communities and preparing them for work (Fink, 2019). A taxonomy of significant learning was identified by Fink (2013) with six domains: learning how to learn, caring, foundational knowledge, application, integration, and human dimension.

The literature on peer supervision led to selection of the human dimension of learning as a focus for learning objectives and instructional strategies. The human dimension emphasizes learning about self and others and enables the student to become more effective as reflected by their abilities, limits, potentials, assumptions, feelings, responses, and so on (Fink, 2019). Opportunities were identified for students to engage in self-appraisal and receive feedback on understanding. Learning activities promoting metacognition (journaling about learning process) and promoting learning from others (feedback worksheets) were then integrated into the curriculum. A backward design approach - introduced by McTighe and Wiggins (1998) and then expanded upon by Fink (2013) - was used to establish learning goals and assessment procedures. From the goals and assessment procedures, content was selected from existing evidence in the literature. A structured sequence for course content thus emerged that would enable students to reach the learning goals.

Development

In the development phase, different online learning management systems (LMS) and webinar technology were explored for the purpose of identifying an online learning platform. A university educational technology coordinator was consulted regarding online course development and selecting an LMS. Decisions were informed by the *Webinar Integration Tool* (Lieser, Taff, & Murphy-Hagan, 2018). The *Webinar Integration Tool* is a process emphasizing four guiding principles:

(1) Tool considerations: matching tool features with tasks
(2) Planning with the perspective of participatory theories of learning
(3) Promoting active learning with the 4Es Learning Cycle model [engagement, exploration, explanation, and extension]
(4) Identifying factors for effective learning through webinar (p. 3).

It was decided that e-learning modules should be intuitively designed to promote usability. In other words, e-learning modules were designed so that navigation and required actions are implicitly obvious to the user.

Implementation

In the implementation phase, the learning platform was delivered to its target audience. A pilot of *The Critical Friend* took place in the 2017- 2018 academic year. The course instructors of the clinic were consulted regarding methods of integrating *The Critical*

Friend curriculum within the existing clinic structure. Due dates for learning activities for *The Critical Friend* were added to the course syllabus. Completion of the modules was weighted under the participation grade for the course.

The Critical Friend was first implemented as a part of the student-run clinic orientation training. Student participants in the clinic received email instructions for accessing the e-learning modules prior to the start of orientation. Additional e-learning modules were offered later in the semester due to different support needs at these stages in the supervisory relationship. For instance, the e-learning module on professional communication and behaviors coincided with the due dates for supervisor/supervisee midterm evaluations. Peer supervision resources, as well as the e-learning modules, remained accessible throughout the semester.

Evaluation
The Critical Friend was implemented at two universities in Fall 2018 as a part of a multi-site feasibility study. Results are forthcoming and will be the subject of another paper.

RESULTS
The Critical Friend is an e-learning module series designed to teach supervision skills to OT students in clinical education settings. The aim was for participants to become "critical friends," meaning individuals who inspire their colleagues and coworkers, who do not avoid difficult conversations, and who elevate the standards of quality in the workplace. The course identified peer supervision relationships as a crucial axis for this transformative learning to take place.

Design
Students who completed *The Critical Friend* in its entirety learned how to create a feedback contract, how to help one another develop clinical skills, and ways of coaching professional behaviors. The overarching objectives for *The Critical Friend* were as follows:

After completing this course, participants will be able to:
>   1. Understand and apply principles of effective feedback
>   2. Use guided discovery to scaffold learning to help peers develop clinical reasoning skills.
>   3. Provide coaching in professional behaviors and communication.

Feedback E-Learning Module. The purpose of this e-learning module (see Table 1) was to introduce feedback skills that are crucial to supervision relationships. The intent was for participants to gain useful tools for setting the stage for effective feedback. Participants took a quiz and completed activities to help start conversations with one's supervisor or supervisee. After completing the e-learning module, participants completed a feedback contract.

Table 1

The Critical Friend: Feedback E-Learning Module Outline

Purpose	Learning Objectives	Learning Deliverable
Introduces feedback skills that are crucial to peer supervision relationships	1. Understand the distinct roles both supervisors and supervisees have in providing feedback 2. Understand and apply principles of effective feedback 3. Negotiate and clarify terms of agreement in a supervision relationship 4. Apply tools to both difficult and routine conversations with supervisors and supervisees	1. Crucial conversations worksheet 2. Feedback contract 3. Weekly feedback forms 4. Quiz

The e-learning module covered principles of aligning expectations between the supervisor and supervisee in order to set the stage for evaluation to take place in the relationship. The module discussed different ways of delivering feedback and the importance of selecting the correct mode. Additionally, the training offered examples of constructive feedback through video demonstration tutorials. The e-learning module concluded with strategies for minimizing threat and enhancing self-appraisal.

Guided Discovery E-learning Module. The purpose of this e-learning module (see Table 2) was to introduce participants to the principles of guided discovery in a supervisory relationship. This module outlined steps and strategies for creating a relationship that facilitates guided discovery and self-reflection. An emphasis was placed on establishing core content to be learned and understanding one's respective role as a supervisor or supervisee. The module detailed instructional methods and strategies for fostering independence. Video tutorials offered examples of guided discovery at different phases of the supervision relationship. Finally, the module concluded with a discussion of learning hierarchies and ways of demonstrating skill gained through a facilitated learning process.

Table 2

The Critical Friend: Guided Discovery E-Learning Module Outline

Purpose	Learning Objectives	Learning Deliverable
Introduces principles of guided discovery and collaborative learning within a peer supervision relationship	1. Understand the purpose and role of collaborative learning in a peer supervision relationship 2. Establish core competencies for evaluating another student 3. Demonstrate knowledge of various instruction methods 4. Scaffold learning to help peers develop clinical reasoning skills 5. Apply strategies for fostering independence 6. Apply strategies for facilitating reflective thinking 7. Use the taxonomy of learning to grade learning experiences	1. Weekly Journal Activity 2. Quiz

Professionalism E-learning Module. The purpose of this e-learning module (see Table 3) was to introduce participants to tools to aid their professional communication and behavioral skills while navigating a peer supervision relationship. The professionalism e-learning module was divided into two parts. The first part focused on communication skills: establishing the rules, norms, and modes of communication; aligning expectations and goals; and prioritizing the supervision relationship. The second part focused on professional behaviors; specifically, emotional intelligence, cultural competence, and role modeling.

Table 3

The Critical Friend: Professionalism E-Learning Module Outline

Purpose	Learning Objectives	Learning Deliverable
Introduces tools to aid professional communication and behavior skills in a peer supervision relationship	1. Use tools of effective communication with their peer supervision partner 2. Understand how professional behaviors enhance relationships 3. Provide coaching in professional behaviors and communication 4. Role model to build a positive supervision relationship	1. Discussions around professionalism (online forum) 2. Professional Vision Statement 3. Quiz

Development

The *Webinar Integration Tool* informed the decision to make use of online assessments in conjunction with the in-person learning application activities, meaning the happenings of the student-run clinic. In addition, video content was used asynchronously so that students could engage with the e-learning modules on their own time. Camtasia Studio (Version 9.0/3.0; TechSmith, 2016), a video presentation software, was selected to create videos for the e-learning module due to its compatibility with Microsoft® PowerPoint® for Office 365 MSO (Version 16.0.11001.20097). Blackboard Learn (Blackboard, Inc.) was selected as the host site for the training due to student familiarity with the LMS from previous courses and the platform's ability to capture quiz scores, accept written assignments, and issue training content. Activities designated for completion online versus in-person were selected based on whether they were best suited for asynchronous or synchronous communication as indicated by the *Webinar Integration Tool* (Lieser et al., 2018).

Implementation

The Critical Friend was intended as a supplemental peer supervision training to complement activities in the student-run OT clinic. It was organized into a series of three e-learning modules specific to competencies in feedback, guided discovery, and professionalism. Participants were expected to complete the modules in order. Each module contained a presentation, a quiz, learning activities, and resources for continued knowledge development. The logic model in Figure 3 depicts how *The Critical Friend* was embedded within the clinic.
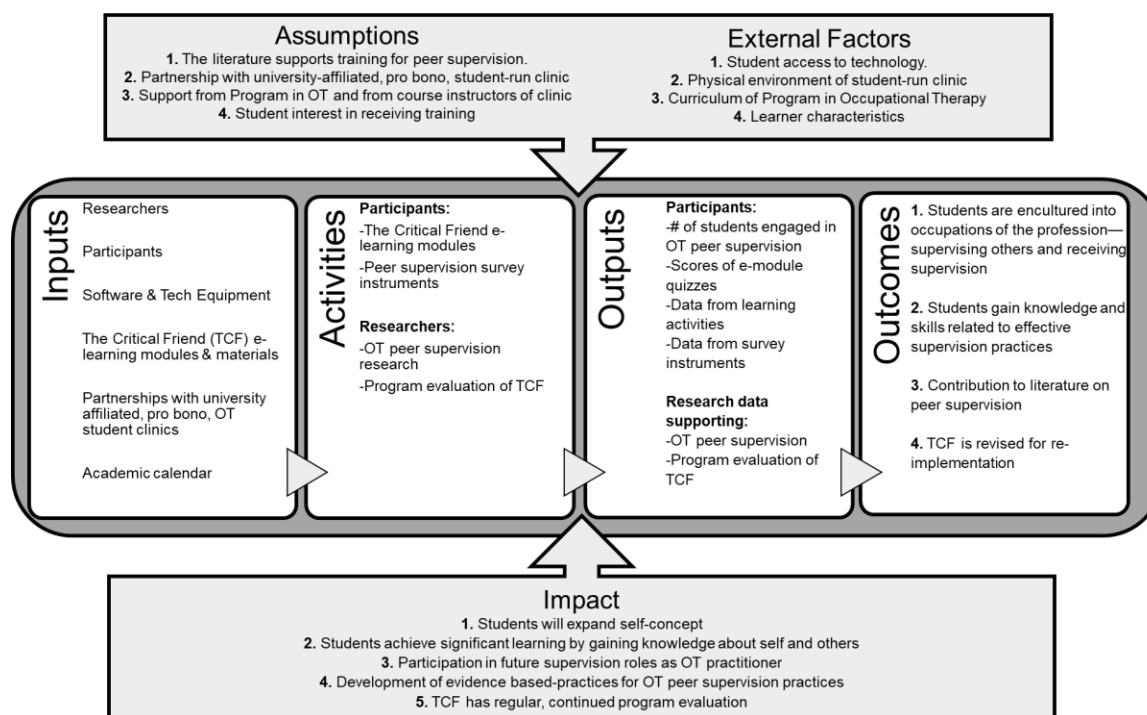

Figure 3. Logic model of *The Critical Friend.*

DISCUSSION

The current project is innovative because it proposes to teach and support the supervisory relationship before entering professional practice. The e-learning modules provided a "how to" guide for supervision; a roadmap for assessing supervisees, and for supervisees to advocate for their learning needs. The pro bono, student-run clinic offered an ideal experimental population in a controlled environment where implementing a supervision training may prove feasible.

Previous studies on this topic have concluded that OT peer supervision competencies emphasize interpersonal skills more than clinical expertise and that the peer supervision relationships foster significant learning (Murphy-Hagan & Milton, 2019b). Therefore, it is crucial that intentional preparation and training are components of setting up peer supervision during clinical learning experiences. Jazmines-Broersma (2017) suggests a student group model alone does not guarantee peer learning compared to intentional placement and collaborative peer learning.

This model does not replace the need for a licensed and registered OT as the senior supervisor. Rather, this model is about increasing learning outcomes by intentionally structuring student interactions. As with the *Collaborative Learning Model of Clinical Education*:

> These student collaborations do not exclude the presence or value of role models but shift the role of fieldwork educators to that of conductors "orchestrating" the learning [. . .] This role shift does not reduce fieldwork educators' role or authority–rather fieldwork educators encourage students to share the role as self-directed learners and to use each other as primary resources (Cohn et al., 2002, p. 73).

When students engage in intentional peer supervision backed by training, opportunities for significant learning abound. When they engage in feedback, they learn about oneself and others—the human dimension of significant learning (Fink, 2019). When they learn together, they connect ideas and apply clinical reasoning skills. Finally, when they watch their peers' model professional behaviors, they learn new effective ways to interact.

Limitations

The Critical Friend was developed with evidence from literature and through a focused needs assessment at a student-run OT clinic. Due to the academic timeline, those that contributed to the development of the training through focus groups were inevitably different participants than those that received the training. Occasionally e-learning modules content makes explicit reference to the student-run OT clinic. These references will have to be changed and content edited in order to make the training usable for other institutions.

As disclosed in preceding publications, the authors were involved with the student-run clinic and knew the participants who received the training (Murphy-Hagan & Milton, 2019a; Murphy-Hagan & Milton, 2019b). One research team member at the time was a present participant in the student-run clinic and the other is a faculty member at the institution. While Strauss and Corbin (1990) qualified personal and professional experience as features that strengthen theoretical sensitivity, this invariably influenced program development.

There are several drawbacks to peer supervision which is why the authors endorse peer supervision as an adjunct supervision tool. The lack of a hierarchy can negatively affect group productivity, functionality, and conflict resolution (Lord et al., 2012). Some argue that competitiveness can create challenging dynamics and pose a challenge to the benefits of peer collaboration (Cohn et al., 2002; Jazmines-Broersma, 2017). Others argue that this competition can be a positive influence (Rindflesch et al., 2009). It is the opinion of the authors that learning to deal with these situations prior to entering practice (or even fieldwork) is the point of *The Critical Friend* and should not be a factor against implementation.

Future Studies

Due to the uniqueness of the population, purpose, and mode of training delivery, *The Critical Friend* must be evaluated for feasibility in additional settings. The e-learning modules can be adapted and revised through the ADDIE Model to reach other settings. Follow-up focus groups with participants could provide insight to acceptability of *The Critical Friend* in the current student-run clinic. Discussions would center on participant satisfaction, intent to continue use of the e-learning modules, and perceived appropriateness or advantages of the e-learning modules. Additionally, a bigger sample size of participants must be reached to adequately track learning outcomes. Ultimately, the goal is to expand implementation by integrating the e-learning modules into other OT programs. To that end, an extensive feasibility evaluation of *The Critical Friend* e-learning modules must occur. Future studies should examine the ease, efficiency, or quality of implementation of *The Critical Friend*. In addition, a thorough cost-benefit analysis is needed to examine e-learning module sustainability and practicality. The hope is that something made for students with student input will fulfill a common need among OT graduate students.

CONCLUSION AND IMPLICATIONS FOR OCCUPATIONAL THERAPY EDUCATION

The *Philosophy of Occupational Therapy Education* (AOTA, 2015) 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 receiving supervision from a peer. *The Critical Friend* is the only known peer supervision training program to date. The e-learning modules provide a unique evidence-based training program, offering actionable steps for both supervisors and supervisees related to effectively navigating a peer supervision relationship.

This body of work offers the following contributions to OT education:
- An evidence-based peer supervision training to support students in clinical education experiences
- A structured intervention for addressing some of the interpersonal or soft skills that are essential to a positive performance on fieldwork
- A logic model for graduate programs to integrate *The Critical Friend* into experiential clinics
- A methodological example of how to design, develop, and implement a unique training according to present evidence.

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