PEER COACHING AND WORK INTEGRATED LEARNING:

Practice Guide for Fieldwork Supervisors

*"if I have the choice between the two to one and a one to one,
I'll definitely take the two to one."* — Physiotherapist

"I'm inspired by three different minds and they all come at the project quite differently, ... I'll have my idea, and then by the time we're all bouncing ideas off, you actually come up with a different outcome that's much better than I may ever have thought of." — Occupational Therapist

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ACKNOWLEDGEMENTS

PREFACE

The purpose of this practice guide is to provide a summary of key literature, tips and resources for clinicians on how to lead and manage placements using a Peer Coaching Model. It serves as an addendum to the full Peer Coaching in Work Integrated Learning book that includes a comprehensive literature review, discussion of theoretical principles, and key working knowledge of the Model arising from a recent qualitative research study. The study captured the tacit knowledge or 'know how' of 31 experienced clinicians from Australia and Canada who lead and manage the Peer Coaching Model in practice, and it is this data that has informed the recommendations within each stage of the placement life cycle. The practice guide and book will provide both the novice and advanced clinical educator with some great information and tools to make the Peer Coaching Model successful.

It is important to note that our promotion of the Peer Coaching Model does not by any means lessen the value of traditional apprenticeship models of education where a clinician works with only one student. We do hope, however, that after reading this guide, you see the added benefits of incorporating the Peer Coaching Model in to your practice as a clinical educator.

The following icons will be included throughout this practice guide:

	Readers are directed to read further information about this topic in the book
Listening to clinicians	Quotations from participants in the authors' qualitative research
Efficiency tips	Suggestions on how to maximise your time at each stage of the placement life cycle
Resources	Templates and documents that clinicians can create themselves or refer to in the Appendices

TERMINOLOGY

Peer Coaching	A learning strategy where students (peers) observe and ask questions of one another (coaching) to improve practice. Hagen and colleagues offer this formal definition of peer coaching: "Formal peer coaching is the process of formalizing a voluntary, mutually beneficial relationship between two or more hierarchically equal peers in an effort to reach a clearly stated goal, particularly related to performance improvement, through the use of the specific coaching processes and mechanism of learning, helping, and support" (Hagen, Bialek, & Peterson, 2017), p. 553.
Work Integrated Learning	Situations where students (usually from colleges and universities) go to organisations to apply their learning in real life work contexts (Brown, 2010; L. Cooper, Orrell, & Bowden, 2010). Also known as fieldwork, placements, practicums, apprenticeships and internships.
Clinician	The person who oversees the work of the students. Also known as clinical educator, supervisor, tutor, educator, coach, facilitator, mentor or preceptor.
Students	Peers who learn from each other in the Peer Coaching Model while on clinical placement.

BACKGROUND

For readers wanting a more comprehensive review of the peer coaching model in work integrated learning placements please download the full Guidebook on Peer Coaching at this link. Here you will find more detailed literature, a detailed description of best practices and ways the peer coaching model can work in practice.

<https://healthsciences.curtin.edu.au/studying-health-sciences/fieldwork/>

Two important reviews noted below provide some very good summative information. While one review concluded that there is no superior model of clinical education (Lekkas et al., 2007), another review summarizes how the various models vary. Martin and colleagues evaluated a 1:1, 2:1 and 3:1 model of practice education in Occupational Therapy and found that the 2:1 model was most preferred by the clinicians as it offered more opportunities for peer support which enhanced the quality of the educational experience (Martin, Morris, Moore, Sadlo, & Crouch, 2004). While the 1:1 model offered a more connected experience between clinician and student it carried the potential risk of the student becoming dependent on the clinician. The 3:1 model was more complex to manage, access to the clinician by students was more limited, and it was harder for the clinician to keep track of all of the students.

PEER COACHING MODELS

It's important to distinguish between hosting multiple students on placement at the same time (where they are working separately with 1:1 clinician support) and a Peer Coaching Model (where students benefit from the shared power of learning from a peer). Table 1 describes three common Peer Coaching Models that emerged from our interviews with experienced clinical educators.

Table 1. Three Different Examples of Peer Coaching Models in the Healthcare Context

Peer Coaching Model	Common Practice Environments	Features
2 : 1 - Two students and one clinician	Hospital wards, outpatient clinics, community care environments etc.	Students have shared and non-shared client caseloads. They use each other for support and coaching on learning, practice and observation.
3+ : 1 - Three to six students and one clinician	Outpatient clinics in hospitals and university environments.	The clinician may work full time in this role and organizes teaching and learning sessions, evaluations and onsite support. How the students interact with each other may vary but there is cooperation, coaching and collaboration within the student learning team as they perform their clinical duties.
2 : 2 - Two students and one onsite administrator (not in the discipline) and one offsite clinician (discipline-specific)	New and emerging workplaces that don't traditionally employ that discipline.	Two advanced students work cohesively to create new programs and services. The onsite administrator provides support, coaching and advice relevant to the agency. The discipline-specific clinician is on call, meets the students once a week and is responsible for coordinating evaluations and providing specific discipline specific clinical advice and coaching.

PEER COACHING IN PRACTICE

Within all of these models there is an expectation that the students will work together, support each other observe the practice of one another, and ask fair and honest open-ended questions that stimulate learning and reflect on their practice. Through this practice they build their confidence and competence together by testing the application of their academic knowledge and practice to the work environment. Where they find themselves challenged as a team and can't resolve practice issues and/or questions, they can approach their clinical educator for support and guidance. When students are alone on a placement and don't understand something, it can feel threatening to bring these questions to one's clinical educator for fear that they might evaluate you in a negative way (Tai, Haines, Canny, & Molloy, 2014). Many of these questions can be addressed by the students, which leaves the clinician to answer the more complex questions, plan teaching sessions, spend time observing and giving individual feedback, and collecting data for evaluation. Time is management more effectively.

BENEFITS OF THE PEER COACHING MODEL

A quick snapshot of the benefits associated with the Peer Coaching model are summarized below. For ease of reading these are categorized by the group receiving these benefits. Some quotations from clinicians are also included to provide some context.

FOR STUDENTS:

An increase or improvement in the students':

- Competency [1,2,3,4,5]
- Clinical reasoning [1,6,7,8; *; **]
- Problem solving [9,10]
- Confidence and self-image [4,10,11,12,*]
- Collegiality, support and companionship [3,4,9,11,13]
- Learning (e.g. through opportunities to observe, provide feedback, reflect and practice skills with one another) [4,9, 12, 14; *; **]
- Sense of safety and reduced student anxiety [4,5, 9, 13, 15, 16; *; **]
- Reflection skills [4, 10]
- Feedback they received [10]
- Motivation to participate [10]
- Management of change [11]
- Delivery of feedback to others [11]
- Generic team skills such as communication, active listening, conflict management, assertiveness and emotional intelligence [*; **]

Students also benefit from:

- Learning in a team dynamic that closely resembles working life [*]
- Being able to benchmark themselves against their peers [**]
- Physical safety (where going out to the location by oneself is not secure or safe) [**]

Listening to clinicians

"But I feel like with two of them without me there they have each other so there's two brains, and instead of trying to do your clinical reasoning in your head it forces them to do their clinical reasoning out loud and to think it through and to be clear, and explain to each other why they're doing what they're doing. So I think it's excellent for the students that way." [OTF]

"I know lots of students come in, and they don't want to ask the stupid question, and I think it's a really great opportunity for them to be able to ask any of those questions without that fear, before they get to know their supervisor and know that it's actually okay to ask those questions to them as well." [DTFA]

FOR ORGANISATIONS:

- Greater productivity / service delivery outcomes [3,5,17,18,19,20; *; **]
- Recruitment of students - directly through observation and indirectly through building a positive organisational reputation [**]
- Reduced 'student fatigue' for clinicians as they can host the same number of students over a year with more breaks in between placements [**]
- Demonstration of the benefit of a new profession's role within a team / site where that profession doesn't otherwise exist [*]

Listening to clinicians

"So we try and come up with some project that probably we've been meaning to do, but haven't been able to get around with. Often it's patient documentation, like handouts or something that need revising, or evidence review and exercises rewritten and organized. So that can be of a real benefit to the department. As one student, that can be quite a daunting task to do, but the two of them together can be a much more powerful unit..." [SPFA]

FOR CLINICIANS:

- Increased student independence and less reliance on the clinician [4, 13, 14; *]
- Increased time for supervision by clinician [13; *]
- Diversification and enrichment of their existing roles [**]
- Productivity as students take on their caseload as the placement progresses [*; **]
- Skill development useful for career development [**]
- Less responsibility in supporting social isolation for students in rural or international placements [**]
- A more collegial dynamic with students [*]
- An 'easier' placement to supervise (compared to a 1:1 model) [*]
- Moderation of expectations through direct comparison of students [*]
- Students' creativity and ideas add to the clinician's knowledge and practice [*]

Listening to clinicians

"Just in terms of them being able to ask questions of each other first before coming to the supervisor I think is beneficial, rather than them having to ask you questions continually." [SPFA]

"It's really time consuming initially, but then I find that I have a lot more time to reflect on what the clients are doing with these students and I get more time to myself, than if I had only one student, because then the two of us are always together." [OTFC]

"Sometimes students will come up to us, with a solution to a problem or create an amazing resource or come up with a totally new set of delivery ideas, just based on the conversations that they are having and then you go, "I can't believe we didn't think of that. That is such an amazing thought." [SPFA]

FOR CLIENTS/PATIENTS:

- More engagement as while one student is carrying out the service, the other student can engage with the client on a more social level [**]
- More thorough service for complex clients as two students are focused on the case [*,**]
- More care and education as the clinician's caseload is split between the triad (clinician and two students) and so more time is available per client [**]

Listening to clinicians

"I just think that we have a really good quality of students coming through, but particularly when they develop their ability to work in that team and communicate effectively with each other and develop their self reflection skills like I said, and have that really open attitude to learning. I think they're just generally the quality of the service we deliver is higher." [SPFA]

FOR UNIVERSITIES:

- Increased number of placements [3; **]
- Capacity for educating students in key speciality areas of the discipline where shortages may exist[**]
- Evidence based approach to clinical education thus elevating the quality of the fieldwork education program [**]
- Less administration as the institution can work with and manage less locations with higher quality learning environments [**]

[1] DeClute & Ladyshewsky, 1993
[2] Ladyshewsky, 2010
[3] Lekkas et al., 2007
[4] Lincoln & McAllister, 1993
[5] Sevenhuysen, Farlie, Keating, Haines, & Molloy, 2015
[6] Ladyshewsky, 2002
[7] Ladyshewsky, 2004
[8] Ladyshewsky & Jones, 2008
[9] Ackland, 1991
[10] Tai, Molloy, Haines, & Canny, 2016
[11] Parker, Hall, & Kram, 2008

[12] Secomb, 2008
[13] Baldry-Currens, 2003
[14] Briffa & Porter, 2013
[15] Ladyshewsky, 1999
[16] Sevenhuysen, Thorpe, Molloy, Keating, & Haines, 2017
[17] Dillon, Tomaka, Chriss, Gutierrez, & Hairston, 2003
[18] Emery & Nallette, 1986
[19] Ladyshewsky, 1995
[20] Ladyshewsky, Barrie, & Drake, 1998

* Benefits of the Peer Coaching Model that were reported by clinicians in the authors' recent qualitative research study 📖.

** Benefits of the Peer Coaching Model that have been reported by clinicians in the numerous workshops that have been delivered by the authors on the topic 📖.

TIPS FOR SUCCESS IN PEER COACHING PLACEMENTS

It is important that students stay connected as peer coaches with each other throughout the placement even though the intensity of this may lessen towards the latter part of the placement as competency and independence increase. Parker et al. (2008) highlighted a number of key factors central to the effectiveness of peer coaching to ensure partners remained connected and respectful of each other:

- An equal status between partners,

- A focus on the development of both peers,

- Reflection on practice,

- An emphasis on the coaching process (e.g. non-evaluative questions, active listening)

- Investing time in the process (as this increases overall satisfaction with the placement)

Several theoretical perspectives support the Peer Coaching Model and again readers are encouraged to read these in the full Guidebook 📖. One noteworthy perspective is David Rock's SCARF model (Rock, 2009) which demonstrates how Peer Coaching can facilitate positive emotional states

necessary for optimal learning. The three central ideas of this neuroscience model are:

- The brain treats many social and physical threats and rewards with the same intensity (Lieberman, & Eisenberger, 2009).

- The ability to make decisions, solve problems and collaborate with others is increased under a reward response (Elliot, 2009).

- The threat response is more intense and more common and needs to be carefully minimized in social interactions (Baumeister & Leary) (such as through using a Peer Coaching Model).

The five domains of the SCARF model described more fully below, have been shown in studies to activate the same reward circuitry that physical rewards activate, like money, and the same threat circuitry that physical threats, like pain, activate (Rock, 2009). Understanding that these five domains are primary needs can assist students and clinicians to maximize their learning experience by focusing on things that increase positivity. The SCARF model and how it relates to the Peer Coaching Model is laid out in Table 2.

Table 2 - SCARF Model and the Peer Coaching Model

SCARF domain	How the Peer Coaching Model address this domain
Status	Peers are 'equals' with no power differential so they are more likely to share knowledge and practice with each other in the open arena because there is no evaluation pressure.
Certainty	The presence of a peer helps to reduce uncertainty because students can resolve basic issues jointly, observe others' practice, and get clarity on questions without involving the clinician all the time.
Autonomy	Students bring their own issues and challenges for discussion with their peer. This keeps the peer in control of what they want to learn and helps them to manage what they need help with. This gives each partner a sense of autonomy in the relationship while maximizing the support of their partner. Sometimes in a traditional placement, the individual student feels observed and monitored all the time by the clinician, reducing autonomy and the opportunity to explore different strategies and techniques.
Relatedness	Provided the students are working together appropriately, a trusted support person is present who they can bounce ideas off. Because this relationship is peer based, there is a sense of affinity which increases relatedness.
Fairness	It is harder to do things that might be unfair because there is always a third party to make a comment. Clinicians also need to be mindful of how they give feedback or assign duties to the students, sharing the underlying reasons for this decision. For example, why is one student given a more complex task and the other one is not?

THE PLACEMENT LIFE CYCLE

Each point in the placement life cycle has a distinct set of factors that clinicians need to consider. The following pages provide a summary of key actions and strategies for each of these time points in the placement life cycle as well as a section on potential issues, with further detail on all of these areas available in the full Guidebook 📖.

Readers may note that some of the tips and strategies provided could apply to any clinical placement model (e.g. traditional 1:1, peer coaching or anything in between), which is in itself is a useful reminder that introducing a Peer Coaching Model may not be as significant a change as clinicians may think. Despite this, specific reference has been made throughout this guide as to how clinicians should specifically cater for the Peer Coaching Model and numerous resources have been provided to assist clinicians to move towards or build upon existing Peer Coaching Models.

01
BEFORE THE STUDENTS ARRIVE

Time spent in the pre-placement phase is a high return investment.

The literature strongly supports the need for pre-planning student placements and setting students up for success by explicitly preparing them for peer coaching (Martin et al., 2004, Lekkas et al. 2007; O'Connor et al. 2012; Briffa & Porter, 2013). There are also specific skills and preparation required by the clinician to manage the placement effectively and to ensure the students work together cohesively (Sevenhuysen, Thorpe, Molloy, Keating, Barker, et al., 2017). The aim for this stage of the placement is to maximise efficiency, clarify and communicate expectations and avoid predictable problems.

MAKING IT HAPPEN

To work towards embedding peer coaching into clinical placements, before the student arrives, clinicians should:

1. **Liaise with the University and align expectations.**
   - Clarify University expectations, lines of communication, placement manuals / procedures
   - Review evaluation tool
   - Communicate requirements for students at your site if students will self-select or have to meet certain requirements

2. **Develop and update documentation.**
   - Orientation package
   - Templates
   - Placement timetable that includes meetings (with clinical educator(s), other staff and their peers), evaluation dates, clinical duties, observations, tasks or a clinical focus for each week and deadlines
   - Refer back to feedback from previous students and incorporate changes

3. **Provide students with information.**
   - About the organisation and their caseload
   - Policies and procedures
   - FAQs (e.g. maps, parking, hours, food, dress code)
   - Assessments and resources they're likely to use
   - Documentation expectations (notes, plans, reports etc.)
   - Pre-reading and preparatory tasks
   - Expectations and requirements for the first day
   - Peer coaching information and expectations

   You could communicate the information through:

   - A formal orientation package (which you provide pre-placement or on the first day),
   - A welcome letter
   - In the body of an email
   - Using existing University information sharing platforms
   - Face to face pre-placement meeting with the students/site if required

   Listening to clinicians

   "I let them know this is kind of an unusual placement that requires a lot of independence and a lot of collaboration between the two students...   ...I describe to them what I expect of them in the placement in order to help make that placement successful." OTFC

   "just lay out the expectations for the first week, and sort of outline, day by day, what the students can expect. Their feedback, that I've gotten, is that that is the most helpful thing, prior to starting the placement. Cause, it just sets the expectations, and calms some of their anxieties as to what they're coming into." OTFC

4. **Gather information from the students.**
   - Goals for the placement / learning contract
   - Learning style
   - Areas of interest
   - Concerns
   - Strengths
   - Areas they need more experience

Use this information to understand the students' needs, assist with matching or pairing students so they have complementary learning styles, and use learning goals to assist with caseload assignment.

Listening to clinicians

"I tend to have a look at them individually and then I do look at them side by side just so I get a bit of a feel of what they're going to look like in a pair and who might need to be watched and generally they end up in not only the same learning style preferences and things like that." SPFA

5. **Organise logistics.**
   - Meeting rooms and workspaces
   - IT access including electronic medical records
   - Visits with other health professionals
   - Completion of mandatory training (e.g. hygiene, fire safety)

6. **Liaise with site staff.**
   - Communicate student placement information (including student names and dates)
   - Ensure new clinical educators attend training as required
   - Review previous placement feedback
   - Review staff caseloads and availability
   - Schedule observation opportunities

7. **Prepare placement content.**
   - Identify appropriate placement tasks/projects for completion
   - Prepare the caseload (decide on number and type of clients/patients and who will be seen jointly or individually, review variety and equity of caseload, allocate and book in clients/patients)
   - Schedule in evaluations / observations / meetings

Efficiency Tips
- Write yourself a checklist of pre-placement tasks so nothing is missed
- Keep a template of your initial email to students so that you can use this as a starting point each time you have students
- Set up a questionnaire to gather information about the students if obtaining this via email becomes too cumbersome
- Make a note of any questions you receive from students' pre-placement and include this information in future initial emails or orientation manuals to save yourself time in answering questions individually and repetitively! Refer students to the information you've already provided so you don't need to re-write answers, and prompt them to read the information in detail before they ask questions
- 'Reply all' to student questions over email (when appropriate) so all students on placement receive the same response
- Save and share all generic (non-identifying) documents and resources for students using a cloud sharing platform e.g. Dropbox so they can be accessible to multiple students and can be reviewed before the placement begins, without clinicians needing to attach numerous documents.

02
THE FIRST DAY

First impressions count – for both parties.

The first day sets the scene for the students and can shape how they approach the placement from here. It's really important to set up a positive learning environment and ensure the students leave this day feeling informed, heard and motivated. Your impression of the students and their outlook for the placement can also be greatly shaped by how the pre-placement phase and first day is executed and received.

MAKING IT HAPPEN

To work towards embedding peer coaching into clinical placements, **on the first day**, clinicians should:

1. **Conduct a thorough orientation.**

   Environmental:
   - Organisation information
   - Physical site tour
   - Introductions

   Administrative:
   - Contact details
   - Timetable and deadlines
   - Systems, policies and procedures (e.g. sickness, referral, prioritisation, discharge)
   - Documentation templates
   - Safety and security
   - IT systems and passwords
   - Checks and clearances
   - ID badges and scrubs
   - Onsite training

   Clinical:
   - Specific clinical tools / resources / approaches
   - Caseload information
   - Service delivery models
   - Expectations

   Listening to clinicians

   "I send the students on a scavenger hunt, so that they can figure out where things are situated, and begin to learn who some of the people in the building are... ...The students find that, if they're trying to go out and find the information themselves, it sticks a lot more than if we tell them things." OTFC

2. **Build relationships.**
   - Meet as a group or individually with students (at the beginning and the end of the first day)
   - Facilitate introductions (not forgetting to share information about yourself as the clinical educator)
   - Discuss learning styles, goals and contract
   - Share past experiences and learnings
   - Invite questions
   - Make students feel welcome, perhaps through an event such as a morning tea
   - Facilitate the development of a positive relationship *between* the students especially if they are unfamiliar to each other
   - Debrief at the end of the day so students can reflect on their first day, ask any outstanding questions and address any anxiety they might be feeling about the placement going forward

"We have a philosophy as well around making people feel welcome and trying to bring anxieties down so that students are open to learning. So we spend a bit of time making them feel welcome. Like doing a get to know you, and some kind of thing just to make sure that people are in the right space to learn." [DTFA]

3. **Meet with students (in a group and individually) to clarify expectations.**
   - What students should expect of their clinical educators and site staff
   - What the expectations are of the students (e.g. supervision meetings, typical week, seeking help, process for receiving feedback, clinical planning and documentation including templates, managing deadlines, number and type of patients/clients)
   - Talk through previous placements experiences
   - Peer coaching practices, particularly if this is the first opportunity students have had in this model e.g. what peer coaching looks like (i.e. what you expect to see), what to expect around shared tasks and clients/patients, lead and supporter roles, non-evaluative feedback and coaching questions, how peer coaching is linked to the students' evaluation tool and logistics. This is also an ideal time to share the rationale behind peer coaching placements as well as the advantages and challenges of the model.

"I just give them a rough structure for the entire placement as well. So, by the end of week one I want you to be doing X, Y, and this... ...I think that's quite nice, because it gives the students a very clear guideline as to where they should potentially be at in each week. And I think students really appreciate that, because they quite like that really, this is what you need to do and this is where you need to be." [SPFA]

"Trying not to pretend that a peer placement is all smiles and wonderful. Sometimes there are personalities that clash and I always take everything with a job attitude though. I always say to them with that hat on that you're not going to get to pick who you work with, you can't pick what your team is, you can't pick who your boss is, you're going to have to work with people that aren't your style. That whole ... it's going to give you a really great experience from that level too. That's the way I always try and- -phrase it to them so that they're kind of thinking about the end." [SPFA]

4. **Engage students in clinical work (if appropriate).**
   - Observation (of the clinical educator, other clinicians, other students) including discussions with students beforehand and afterwards
   - Direct patient contact if appropriate (and conducted jointly or individually)
   - Indirect clinical work with peer e.g. exploring on-site resources, planning and prioritising tasks and projects, developing templates and frameworks together, reviewing client/patient documentation

"I actually like to sit down with them and have them create the template based on their own clinical reasoning. We would do one with steps to preparing patients, like going through a chart review, what assessment techniques they need to do, what equipment to bring. We would see a patient and then do another one related to documentation, and the different sections of the documentation. The reason I do that is to kind of get them independent with these two tasks immediately" [PTFC]

03
THE FIRST WEEK(S)

Enabling growth in students' skills, knowledge and attitudes.

Many of the strategies discussed for the first day of placement will continue on through the first placement week(s). This is a foundational (and busy) phase of the placement as routines and expectations become more established and the students start to 'settle in' to the placement environment.

MAKING IT HAPPEN

To work towards embedding peer coaching into clinical placements, **during the first weeks**, clinicians should:

1. **Create peer coaching opportunities**.
    *   Direct clinical work – students may see clients / patients:

        o *In clinician and observer roles – where one student conducts the session and the other student is purely observing*
        o *In lead and assistant roles – where one student leads the session and the other student assists as required*
        o *In equal roles – where both students conduct the session with equal responsibility*
        o *Through co-treatment with the clinician*

    *   Feedback – ensure peers take an active role in providing feedback to their peers both on documentation and what they have observed
    *   Indirect clinical work e.g. shared tasks, projects, planning and documentation, simulated learning / role play with each other
    *   Educating each other – students can be expected to research different areas / new terminology (e.g. a 'word of the day' task) and share their learnings with their peer to maximise their joint knowledge, as well as brainstorming together throughout the placement
    *   Ensure regular opportunities and physical space for students to work together (schedule as required) including regular group meetings with the clinical educator

    Listening to clinicians

    "Apart from talking about their performance, all the meetings we have are together, so they're still learning about what each of the other students are doing." [OTFA]

    "When they start to get to the point where one of them is the lead therapist and we're observing, then I would expect the lead therapist to provide feedback on themselves, and their co learner to provide feedback on their peer, and then I would provide the feedback third" [PTFC]

2. **Coach the peer coaches**.
    *   Explicitly prompt them to work together and seek support from each other in the first instance
    *   Model to them how to provide quality feedback
    *   Provide templates for taking notes when observing, and for writing self-reflections
    *   Request a learning goal specifically around peer coaching
    *   Emphasise the necessity and benefits of peer coaching (e.g. for evaluation, for future workforce)

"I give them a little feedback template where they're expected to watch their peer and they have to be honest with one thing their peer did really well and one thing that they think they could improve on with that idea of coming together over the discussion and make a plan of how that's actually going to happen." SPFA

"But also when those questions do come to us, we'll always ask how'd you go when you chatted to your peer about that? And it becomes very evident, very quickly whether they have actually chatted to their peer about that or whether they haven't." DTFA

"Then, the other thing that they see is, [Physiotherapist] and I, modeling that with each other. In how we communicate with one another. So we're constantly saying, "Hey, how did your session go with that client? What did you work on? Where do you see them heading?" That sort of thing." OTFC

3. **Promote learning-focused attitudes and independence.**
   - Make explicit your expectations for students to take ownership for their own learning, show initiative, be prepared and appropriately manage their time
   - Give students many opportunities to develop independence and foster appropriate learning attitudes including an emphasis on self-reflection
   - Regularly review students' learning goals/contract and learning style – this helps to encourage this learning focus and reminds students that you are engaged in this process but they are in control of their learning experience

"my expectation is they're adult learners and they come to me if they've got questions or if they've got issues... ... my expectation of them is that they're driving their placement, as far as I'm concerned" DTFA

"I tried to create it like a team. It's the three of us, we have this case load, we need to get through it, we're going to be working together. You'll have your caseload, I'll have mine, they'll each have their own. But ultimately we worked together, so I think that helps" PTFC

"I warned them like the first day, 'The first week is gonna feel a little bit overwhelming, I want you to just try, and take it all in. We're gonna work with patients. I won't put you in a position that I think it's unsafe. If there's something I ask you to do that you really don't want to do, just say I'll wait and I'll try it next time'." PTFC

4. **Facilitate communication.**
   - Encourage students to ask each other for support in the first instance but as clinicians should aim to be approachable and available (within reason) to students when required
   - Meet regularly and stick to agreed meetings to build trust
   - Use technology to assist with sharing and collaborating on documents efficiently (e.g. cloud storage, shared drives)
   - Enforce that handover documents be written / referred to / added to between blocks of students when caseloads and/or tasks are ongoing
   - If co-supervising, ensure clear allocation of supervision responsibilities and adequate involvement / opportunity for each clinician. Keep each other in the loop through group chats, email summaries and meeting regularly to align supervision practices

Listening to clinicians

"encourage really open communication between the students and the supervisors in terms of being really approachable and letting them know that they can ask questions at any time and we will let them know if it's not an appropriate time." [SPFA]

"I will say, do a weekly E-mail summary, so at the end of every week, I'll just summarize both of myself and to the student's what has been done and what's coming up in terms of deadlines and so on and that's where my due little reminders" [SPFA]

5. **Facilitate the development and consolidation of skills and knowledge.**
   - Be explicit with expectations to review University content
   - Encourage peers to share past and new knowledge with each other and be active in testing and building this knowledge together
   - Provide tutorials on specific topics e.g. diagnoses, approaches, behaviour management, communication partner training
   - Provide opportunities for students to observe clinicians conducting sessions, explaining their reasoning, problem solving, providing client / patient handover, managing their time and reflecting on their session
   - Explicitly teach practical clinical tasks e.g. cranial nerve exam, breath sounds training, transfers and handling, formal assessment tools
   - Case by case clinical teaching
   - Provision of templates
   - Simulated learning e.g. setting up equipment without patients present, discussing scenarios, role playing with peer

Listening to clinicians

"I expect them to come ready to learn. I don't expect them to have all the knowledge, but a desire to want that knowledge. Come with a good theoretical background and then trying to be open to feedback and also encourage them to generate questions themselves to get the practical skills to improve that." [DTFA]

Efficiency Tips
- Lay out clear expectations for communication e.g. how often will you meet with students? Can they ask you questions outside of meeting times? Would you prefer these to be via email / phone / in person and at a particular point in the day? Are there times / days you are not available (in which case who else can they contact besides each other)? Having designated meetings times (e.g. at the beginning and end of each day / week) helps to confine non-urgent questions so that your work day isn't constantly interrupted (particularly when you are also managing your own clinical load).

Resources

- Peer coaching observation and feedback template when observing peers (see Appendices)
- Learning contract template (see Appendices)
- Information on student learning goals can be found in the following resources (student and clinician perspectives): Student Guide: Strategies to be successful in your fieldwork placements ; Strategies for Fieldwork Supervisors: Enhancing student performance and managing underperformance
- Student self-reflection template (see Appendices)

04
WEEKS APPROACHING MID-PLACEMENT

Monitoring performance and facilitating independence.

These weeks often see the clinician starting to reduce their support as the students grow in confidence and competence. Clinicians need to gather data on student performance so that this can be amalgamated and reviewed in preparation for the mid-placement evaluation. This is a key stage of the placement for clinicians to make explicit any concerns they may have about student performance.

MAKING IT HAPPEN

To work towards embedding peer coaching into clinical placements, **in the lead up to the midpoint of placement,** clinicians should:

1. **Continue facilitating and offering peer coaching opportunities.**
   - Create opportunities for shared direct and indirect clinical work
   - Ensure regular group and peer meetings occur
   - Provide students with simulation activities that they can work through collaboratively
   - Ensure regular opportunities and physical space for students to work together
   - Directly prompt peers to work with / utilise each other
   - Provide feedback to the students on their peer coaching

   Listening to clinicians

   "I get quite strict on the providing their feedback to each other. Making sure they're giving really great examples and ones that they haven't said the week before because we do written feedback so I will say to them, "No, no. You said that one last week. Let's think of something different."" SPFA

2. **Monitor peer coaching practices.**
   - Directly observe students providing feedback and working with each other, particularly during group meetings and in open-plan offices
   - Review the feedback peers have provided on each other's documents, the emails they send each other that you are copied into and any completed observation templates
   - Ensure they document group discussions so you can review these notes
   - Ask the students how the peer coaching is going or request a written reflection on the topic
   - Ask other staff for feedback on how the students work together
   - Map this data to relevant competencies within the students' evaluation tool

   Listening to clinicians

   "there is that opportunity for me to observe how they are problem solving and how they're conversing and how they are kind of coaching each other. So, I feel like I get a pretty good sense when we have our group reflective supervision session. Who maybe finds it a little bit easier to offer suggestions or direct their peers to resources and who struggles a bit more with that" SPFA

3. **Monitor competency development and readiness for independent clinical work.**
   - Review documentation e.g. session / management plans, patient notes, student journals, written self-reflections
   - Check students' knowledge and reasoning e.g. through asking them questions, case discussions
   - Observe students' clinical work directly or through video review
   - Ask other staff for feedback on student performance
   - Ask students directly about their performance
   - Note changes in response to feedback
   - Refer to professional competencies
   - Clinician should monitor variety, complexity and distribution of clients for each student (to identify gaps) and between the peers (for equity)

4. **Facilitate independence by changing your supervision practices over time**
   - Use a reflective, student-centred supervision approach, encouraging regular reflection and for students to be more vocal as to the type and content of feedback they require
   - Gradually increase responsibility e.g. shadowing → co-treating → work independently with support / observation → completely independent (or as appropriate to client complexity / context)
   - Use the "we do, I do, we do, you do" approach
   - Encourage students to 'teach' each other by sharing their experiences and anything learnt from / taught by the clinician
   - Take on more of a coaching role (rather than previously being more directive) using more open-ended questions to probe student thinking and clinical reasoning
   - Encourage their own professional persona and critical thinking e.g. not having to do things exactly how the clinician does, making 'safe' mistakes
   - Build student confidence e.g. by giving them more simple patients at the start (or those that align with their clinical strengths), by having students co-treat the patient or bring the peer along for support
   - Extend skills and knowledge (and fill gaps) by providing new opportunities, education sessions, homework tasks

5. **Keep communication open and regular.**
   - Continue regular discussions about performance ensuring a "no surprises" approach by midway evaluation
   - Discuss capacity and workload
   - Review long term tasks and deadlines
   - Continue clinical discussions with greater depth
   - Encourage networking

"And I always do an email at the end of the week to my students that summarizes kind of what we did during the week and I try and pick a bit of a theme that aligns with something that we've done, and encourage them to use that to kind of find extra literature on that topic..." SPFA

"I do try to make the time to touch base individually with each student sort-of in week 4 I guess prior to mid-compass and make sure they're managing their stress levels and maintaining some self care as well." SPFA

Efficiency Tips

Use a triplicate carbon book to write your feedback in when observing the students, then keep a copy and provide one to each student (if in a pair). This way you have ongoing records of your feedback which you can using during evaluations, and it provides students with something to refer back to for ongoing improvement.

Resources

- Student self-reflection template (see Appendices)
- For background information on best practice in providing feedback to students as well as suggestions / structures on how to do this, refer to the Feedback section in this excellent resource: Strategies for Fieldwork Supervisors: Enhancing student performance and managing underperformance
- The above resource also contains extensive information and strategies for remediation in the case of students who are underperforming. In this instance clinicians could also provide the student with the following resource Student Guide: Strategies to be successful in your fieldwork placements, in addition to using a Collaborative Learning Plan (see Appendices).

05
EVALUATIONS

Be well prepared and expect the same of your students.

The mid and final evaluations in a placement are often managed quite similarly, requiring both the students and the clinician to spend time reflecting on the experience to date and collating data and evidence. The meetings should be an extension and summary of previous discussions with no significant new issues (or 'surprises') raised.

MAKING IT HAPPEN

To work towards embedding peer coaching into clinical placements, for **placement evaluations** clinicians should:

1. **In preparation for the evaluations:**
   - Review all data collected on the students' performance (see 'monitoring competency development' in the section above) ensuring that there are sufficient individual examples, not only examples where work was conducted with their peer
   - If areas of concern have been raised, review the students' performance in these particular areas and how they have changed their practice based on the feedback they've received
   - Review the students' learning goals
   - Consult with colleagues and collaborate with co-supervisors as required

   Listening to clinicians

   "I keep a list of things that I've seen them do and things that need improvement, on both of them." PTFC

   "If a supervisor is not clear themselves, I'll ask them, you know, perhaps a second supervisor or someone else from the department can just duck in and have a little look. And if we're not confident will ask a Curtin supervisor to come and give their assessment of things, particularly for supervisors that are newer to supervision..." DTFA

2. **During administration of the evaluations:**
   - Allow the student to reflect on each component before the clinician provides feedback and their assessment
   - Ensure the evaluation meeting is a two-way discussion
   - Obtain feedback from students about the placement overall, the Peer Coaching Model and your supervision
   - Jointly review and adjust students' learning goals
   - Develop a clear action plan for specific skills or learning areas that require further development (such as through a collaborative learning plan)

   Listening to clinicians

   "It's putting the ownership on them as well, just to show us what they've improved on" SPFA

06
THE FINAL WEEKS

Students and clinicians refining their practice.

Peer coaching practices will look different in this phase of the placement as the students take on the role of independent collaborators – displaying more of their own clinical thinking and practice while their peers take on more of a support role. The focus shifts to the wrapping up of tasks and reviewing students' progress in identified areas.

MAKING IT HAPPEN

To work towards embedding peer coaching into clinical placements, in the **final weeks** of the placement, clinicians should:

1. **Facilitate a shift in peer coaching practices.**
   - Continue providing opportunities to work together e.g. observation and provision of feedback (albeit less often), co-treating complex clients, general brainstorming and debriefing about individual caseload, ongoing projects
   - Work with the students to re-evaluate the peer coaching expectations for the latter half of the placement (e.g. tasks, feedback, sessions, meetings)
   - Provide perspective on peer coaching practices in the workplace

Listening to clinicians

"In terms of how the students collaborate together, it's much more, "Hey, this is what I'm doing with the client today. What do you think? Do you have any other ideas?" Or, at the end of their session, you can often hear them saying, "Hey, how did that go? Did you come across any issues?" Or, that sort of things. So, it's much more, a supportive type role at that point." OTFC

"But in terms of peer coaching, it's something that we stress that as a team, we always relying on each other for support and that sort of thing. And regardless, we all carry our own case loads and we all do our own things. We have our own responsibilities that we need to achieve. We've still got a team around us to support us... ...you are working as individuals, you've got your own case loads, but it's really important to debrief as health professionals" DTFA

2. **Proactively manage progress in target areas.**
   - Continue reviewing and adjusting learning goals
   - Regularly refer back to any action plans devised at mid-placement
   - Monitor progress and have explicit discussions around current and expected performance in target areas (this may require additional formal meetings being scheduled)
   - Adjust caseload as required to meet the students' level of competency
   - Encouraging students to assist each other with their learning needs
   - Engage the University if required

Listening to clinicians

"So I think if I have any issues that were raised in the mid-term, then I kind of don't leave the mid-term unless we've got some clear kind of goals or really clear strategies of how we're gonna work towards meeting those goals. So then that's a nice opportunity, kind of regularly after mid-term to catch up and be like, "Okay how are you going with this, this, and this?" Instead of leaving it quite broad I help them to kind of, we'll scaffold to make sure that they've got a plan of how they're going to get there. And then we regularly touch base about it." SPFA

"I'm certainly observing and ensuring that the students are taking in the constructive feedback that was given to them, and making those changes to practice. In our debrief sessions, I'll often bring up, "How are you changing your practice, in order to reflect that feedback?", if I'm not seeing the changes happen in a more natural way." OTFC

3. **Adjust supervision practices to meet students' needs.**
   - Progress to a consultative level of support (if appropriate) with high student independence and less clinician feedback
   - Expect students to direct their learning / feedback needs and generate more feedback themselves through self-reflection
   - Focus on the future to support students' transition to the workforce e.g. discuss workplace expectations, conduct a simulated job interview, discuss learning goals going forward
   - Provide opportunities for students to extend their skills and have new experiences

Listening to clinicians

"in our end of week debrief sessions, I'm beginning to get them to reflect on what the most challenging aspects of the placement were. Or, what were the things that excited them the most? Or, where did they learn, or, how did they learn? How can they take that, moving forward, with them, either to their next placement, or into their careers, if they're finished and they're beginning to start practice." OTFC

"especially in the last, the last couple of weeks, I let them be a little bit more independent and wait for them to ask for assistance or if they see that something's over their head, if I know that it's a more complex patient," PTFC

4. **Wrap up the placement.**
   - Ensure completion of all administrative tasks (e.g. reports, programs, handover, discharge, statistics)
   - Check in on progress on long term tasks / projects
   - Make clear your expectations around storage of information that the students have collated and created during their placement
   - Student closure activity e.g. present on their contribution and activities or provide education in a specific area, share outcomes from clinical work
   - Obtain feedback from students about the placement and your supervision (in addition to any feedback gathered by the University that may occur post-placement)
   - Acknowledge the students' contribution (e.g. morning tea, card, certificate to thank them)
   - Ensure time is set up to complete the final evaluation with the students. See section 5 "evaluations" for process. Offer ideas for continuing professional development.

Listening to clinicians

"So getting the students to, sort of, thinking about that closing of the treatment process. It isn't something that just happens. You need to put some work and preparation into that, in order for it to happen, in a way that the client feels quite supported through." OTFC

Efficiency Tips

Create an exit checklist that outlines all the tasks students must complete before they finish the placement. Ensure students are provided with this early enough in the placement (at the beginning or perhaps mid placement) so that they can actively be working towards completion of the checklist in the final weeks of placement, and divide the tasks between them where appropriate.

Resources

- Collaborative Learning Plan (see Appendices)
- Refer to the resource Strategies for Fieldwork Supervisors: Enhancing student performance and managing underperformance for extensive information and strategies for remediation in the case of students who are underperforming. In this instance clinicians could also provide the student with the following resource Student Guide: Strategies to be successful in your fieldwork placements
- Student self-reflection template (see Appendices)
- For ideas and tools for clinicians to gather feedback from students about the placement and reflect on their own role as clinical educators, refer to the Review of Supervision and Student Feedback Survey sections in this excellent resource: Strategies for Fieldwork Supervisors: Enhancing student performance and managing underperformance
- You might like to create your own:
  - Exit checklist

07
POST-PLACEMENT

A time for closure and reflection.

It is tempting to quickly return to pre-student routines in the workplace as soon as students leave and the clinicians' workload changes. It's at this point though that investing time in reflecting and making changes will set up the workplace, clinician and students for success in future placements.

MAKING IT HAPPEN

After embedding peer coaching into clinical placements, clinicians should:

1. Note and make changes for future placements based on student feedback.

2. Debrief and reflect as a staff team and individually.

Listening to clinicians

"It's a good time for me to thank my team for having the students because it's amazing having students, but it is also taxing. It's emotionally taxing and it takes time. So we'll have a little bit of a problem solver at that point, you know. Is there anything that you've had to drop over the last few weeks that you've been supervising that we need to support you to be able to catch back up on? You know, was there anything you found particularly challenging? And from that point of view, I'm asking those questions in case we need more training or, you know, we need to be doing some peer support ourselves" [DTFA]

"I always reflect on how I feel I went as a supervisor in that placement, because I find each placement teaches me something new or challenges me in a different way." [SPFA]

3. Tie up loose ends and archive documentation as appropriate.

Efficiency Tips

For clinicians who are often asked to be referees, write a short paragraph on each student while their performance is fresh in your mind so you can refer to this if called upon for a reference (rather than hunting through large amounts of information at a later date!).

Resources
- For ideas and tools for clinicians to reflect on their own role as clinical educators, refer to the Review of Supervision section in this excellent resource: Strategies for Fieldwork Supervisors: Enhancing student performance and managing underperformance

08
ISSUES

Withhold your assumptions but be armed with strategies.

Research suggests that many of the anxieties or fears that clinicians have about the Peer Coaching Model don't manifest when they actually engage in the experience (Baldry Currens & Bithell, 2003; Tiberius & Gaiptman, 1985) however there are numerous strategies that you can employ if these situations do arise (in addition to resources referred to throughout this package). The issues are also not specific to the Peer Coaching Model and could, in fact, occur regardless of whether the site hosted one or multiple students. Taking multiple students doesn't necessarily increase the potential for issues or risks that clinicians may face, and many of the potential challenges can actually be benefits if identified and managed proactively.

Challenges (real or perceived) of Peer Coaching Models:

- Student competition and conflict/clashes [3,12,13,*]
- Limited space [3,*]
- Lack of patient variety [3,*]
- Extra work for the clinician [3,*]
- Less individual / adequate supervision time for the students [3,12,14,*]
- Differences between students e.g. competency, confidence [*]
- Student perceptions and attitudes towards engaging in peer coaching [*]

MAKING IT HAPPEN

To work towards embedding peer coaching into clinical placements, **if the following challenges arise and require management**, the following strategies may be useful:

1. **Differences in students' competency.**
   - Separate some student duties
   - Adjust caseloads
   - Less observation of weaker student by stronger student
   - Additional opportunities for stronger student
   - Address with students directly
   - Utilise student strengths to support each other
   - Engage others to assist (other clinicians, University, those in general clinical education roles)
   - Provide perspective e.g. differences in competency exist in all workplaces

   Consider the following associated factors:
   - Any impact on the student relationship / working dynamic
   - Confidentiality around each students' performance
   - A student becoming dependent on their peer when the majority of tasks are shared
   - Impact on student confidence

Listening to clinicians

"often it was a quite a beneficial relationship because the stronger student actually improved by peer coaching and the weaker student improved by being peer coached" [PTFA]

"And so for example, they would be on separate cases sitting next to each other, where one could work at a much quicker rate and the other one could spend the time. So the strong student wasn't getting frustrated, as she initially was in week one, and the other one still had time to actually learn about this case and what was happening and could start interpret it and then they could, you know, when they had questions they could still bounce off each other. But there wasn't that direct one patient case where they had to do it completely together, which just didn't work." [DTFA]

"I will meet with them and talk to them about it, and explain that everyone's got strengths in different areas and that some people have got different placement preferences and learning styles, so I try and make them feel okay about it. And then probably just try and be around more for them and just give them that extra support" [OTFA]

2. **Differences in students' confidence.**
   - Manage distribution of tasks between peers to avoid dominance / dependency
   - Address the difference directly if it is having an impact on performance
   - Coach the students on how to peer-coach
   - Address the concept of professional persona
   - Highlight the value of the experience over getting it perfect
   - Rather than "avoid direct questioning" – Ask more open ended questions, and less direct ones, to reduce any stress or anxiety or the less confident student
   - Separate some student duties
   - Provide more feedback to the less confident student
   - Rather than "focus on strengths" – Help the less confident student to recognise their strengths

Listening to clinicians

"I can think of one instance where one student was just really, really anxious and really not confident. And the other student was the complete opposite, really communicative, really personable, really confident and able to take on more than expected...   ... At first, I maybe didn't recognize it as readily. So because the strong student was more vocal, I tended to pay more attention to that student. So I had to really make a conscious effort to make sure that the other ... I was spending time helping the student who was struggling more, to develop what they needed to...   ... So I did explain, not that one was bad, or good, or whatever, but just that they're in different places, so I have to pay different attention to each of them." [OTFC]

"Some students might need encouragement to be more vocal in terms of discussions and making more contributions. And if I see that there's some that are less confident, then I definitely speak to them about how it's really important in this environment, as well as in any workplace, to be part of a team and that your thoughts are worthy of contributing." [SPFA]

3. **Challenging relationship dynamics between students.**
   - Recognise issues early
   - Discuss with students individually
   - Separate some student duties
   - Limit joint sessions
   - Avoid students giving direct feedback to each other
   - Know each student's learning needs, learning style and strengths
   - Facilitate a peer-coaching reflection tutorial

Listening to clinicians

"We actually developed a peer reflection tutorial which we don't do with all pairs. We only do them if we do sense that there are a few underlying issues and we'll do things like actually get them to actively talk about, describe three positive things that your peer's being in this placement that you found you've learnt from. Particularly if there seems to be a bit of tension, and get them to talk about what's working well, and have there been any challenges, and if so- and to get them to think about how they might have resolved them, or could resolve them. And then actually explicitly each of them identify what's one thing your peer could do to help you improve your learning." [SPFA]

4. **Competition between students.**
   - Change peer pairing if you have more than two students
   - Ensure equal acknowledgement of contributions / equal caseloads
   - Engage University if required
   - Bring competition to students' attention and explore potential impacts on service delivery and professional reputation
   - Separate some student duties
   - Communicate clear roles and boundaries
   - Remind students of the foundations of peer coaching
   - Provide holistic perspectives and directly state that it is not a competition

5. **Negative preconceptions and attitudes towards peer coaching.**
   Students may have a reluctance to engage in the model due to concerns around not wanting to observe other students or be observed (e.g. due to anxiety), or fears they will have less opportunities and less individual supervision time.

   - Address concerns directly
   - Provide structured observation and feedback templates
   - Emphasise the benefits of peer coaching and how this complements 'expert' clinician support
   - Provide information on the evidence base for peer coaching
   - Give students the chance to give feedback on the experience
   - Better prepare students for peer coaching at the start of placement

6. **Logistical challenges.**
   Managing the time commitment:

   - Invest time in the pre-placement phase
   - Expect and plan for high workload for the first 1-2 weeks to get payoff towards the end
   - Involve a team
   - Ensure clear communication, expectations and boundaries

   Ensuring sufficient, equitable and appropriate caseloads for multiple students as well as physical space:

   - Plan in advance
   - Be creative in rethinking existing services and brainstorming new opportunities
   - Involve a team
   - Ensure clear plans are in place for services that are not sustainable once students leave

   Managing the clinician's own caseload:

   - Do clinical work while students are completing administrative / preparation work
   - Utilise other staff members or allied health assistants to assist
   - Get students involved e.g. observing, co-treating or taking over treatment.

7. **Clinician readiness.**
   Some research has suggested that clinical educators with more experience supervising traditional one on one placements may adjust to the Peer Coaching Model more readily (Flood et al., 2010; Rindflesch et al., 2009). In the research conducted by the authors 📖, not all clinicians felt that having established clinical expertise and experience doing one on one supervision was a pre-requisite before undertaking a Peer Coaching Model, but many felt this was important.

"I'm of the opinion that it's not necessarily clinical expertise that makes you a good supervisor. It's your ability to model, and being open to not knowing something and recording that process. We know that students' experience with placement is around the supervisor relationship, not how great you are as a clinician..." SPFA

"They take a lot of time and they challenge you in the way you think and explain and I think if you're learning your feet as a supervisor, it could possibly be a bit overwhelming having double that intensity put on you. So doing one student with one supervisor for a very new supervisor would be a better system" DTFA

"I think having the two together is not as much work as you might think" — Occupational Therapist

"Apart from the additional support they get from each other, I find the learning opportunity that they get multiply astronomically. If we're careful with how we provide this observation opportunities and those group feedback sessions, I think it instantly quadruples the learning experiences that they are able to obtain within the placement." — Speech Pathologist

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APPENDIX A: PEER COACHING INFORMATION SHEET FOR STUDENTS

WHAT IS PEER COACHING?

A learning strategy where two or more students (hierarchically equal peers) observe and ask questions of one another (coaching) to improve practice. This is a mutually beneficial relationship involving "learning, helping, and support" (Hagen, Bialek, & Peterson, 2017), p. 553.

WHY IS MY PLACEMENT SITE USING A PEER COACHING MODEL?

This is a great discussion to have with your clinical educator. The literature describes many benefits of the Peer Coaching Model for students, clinicians, organisations and clients/patients. As students you may benefit from:

- Improved clinical reasoning, problem solving, reflection skills, confidence, generic team skills and overall competency

- Reduced anxiety

- Collegiality, support, companionship and learning from your peers

THE PEER COACHING RELATIONSHIP

It is important that peers remain peers during the placement to avoid competition, conflict or withdrawal. The peer relationship can be maintained by ensuring that the feedback being given to one another remains non-evaluative, at least in the early stages of the relationship until trust is in place. If feedback becomes evaluative then the peer relationship changes due to changes in status. For example, if one of the students always tells the other student what they are doing wrong, then this student becomes an evaluator, much like a clinical educator. The student receiving this evaluation-laden information may find it difficult to digest and may withdraw or withhold information from the other student, get angry resulting in conflict, or compete by doing the same to the other student. This is unproductive.

HOW TO COACH YOUR PEER

To maintain equal status, students must learn to ask questions. These questions should be based on the objectives the other student is trying to achieve. Open ended questions are best, and the peer coach needs to be comfortable waiting for answers and to probe further with more detailed questions if necessary. To ensure the peer coach and coachee understand what is being shared they should also paraphrase back and forth what they have heard to cross check clarity. The table below provides some example open ended question formats that can be used in peer coaching. The 'Why' questions have to be used with caution as they can make people defensive because they force a person to justify their actions.

Coaching Questions (Zeus & Skiffington 2002).

How	What	When	Where	Why
How did you think/feel/act when….?	What might you do differently next time when…?	When did you notice it starting to happen…?	Where can you start to make a change?	Why did you do that? Why do you think they responded that way? Why is this happening?
How does that fit in with what you know about…."	What did you learn from that when…?	When did you realise that…?	Where did you feel it started to go wrong?	

Asking questions instead of just giving feedback about what is good or bad is important for the development of competence. Telling a person what they did wrong is just information, it doesn't create the same kind of knowledge restructuring that peer coaching and reflective practice can create when dealing with complex and challenging work situations.

DOES THIS MEAN I WILL HAVE LESS SUPPORT FROM THE CLINICIAN?

All placement sites implement the Peer Coaching Model slightly differently, but it's important to remember that the benefits of the model (in particular the learning and support that peers gain from each other) can outweigh any reduction in direct 1:1 time between students and clinicians. A study by Parker, Hall, and Kram (2008) found that the amount of time and effort that students invested in the peer coaching process led to greater satisfaction with the Peer Coaching Model, so it's imperative that students value the support and learning from their peers in order to make the most of their placement.

Clinicians with extensive experience using the Peer Coaching Model have said:

"But I feel like with two of them [students] without me there they have each other so there's two brains, and instead of trying to do your clinical reasoning in your head it forces them to do their clinical reasoning out loud and to think it through and to be clear, and explain to each other why they're doing what they're doing. So I think it's excellent for the students that way." [OTFC]

"Apart from the additional support they get from each other, I find the learning opportunities that they get multiplies astronomically. If we're careful with how we provide those observation opportunities and those group feedback sessions, I think it instantly quadruples the learning experiences that they are able to obtain within the placement." [SPFA]

"I know lots of students come in, and they don't want to ask the stupid question, and I think it's a really great opportunity for them to be able to ask any of those questions without that fear, before they get to know their supervisor and know that it's actually okay to ask those questions to them as well." [DTFA]

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APPENDIX B:
STUDENT LEARNING PLAN

Learning Goal WHAT	Action Plan HOW	Resources required	Timeframe WHEN	Criteria for success (measures and link to evaluation tool)

APPENDIX C: PEER COACHING OBSERVATION AND FEEDBACK TEMPLATE

Peer being observed:		Peer observing:
Date:	Client/Patient's initials:	Session type: Assessment / Review / Treatment / Other

Note your observations below for each specific task and then more generally across the session:

TASK:	Communication (explanation and ongoing feedback)	Choice of goal, stimuli and activity	Support (cueing / teaching / increase and decrease steps)	Online decision making

Overall rapport and clinician/patient dynamic:

Client / patient's performance:

Communication with significant other(s):

Online recording / measurement:

Time management:

Summarise your feedback below for when you are debriefing with your peer after the session, remembering to utilise the Coaching Questions (Zeus & Skiffington 2002) described in the Peer Coaching Information Sheet during your discussion.

Top 3 areas of strength:	Top 3 areas for further consideration:

What three learning points have you taken away from observing your peer for this session that will influence how you practice in future?

_____
_____
_____
_____

APPENDIX D:
COLLABORATIVE LEARNING PLAN

Date: Attendees:

Performance target:

Clearly describe performance issue, with examples of behavioural observations:

Describe performance standard that would constitute "acceptable":

Identify consequences of student meeting or not meeting standard required:

Strategies What will you do?	Potential Challenge What might get in the way?	Meeting Challenges How will you overcome these challenges?	Completion Date When should this change be completed?
Identify activity that student may perform in order to attempt to demonstrate that standard:	Identify barriers, if any, to student performing that activity	If barriers exist, describe how they will be managed and who by	Clearly describe time frames

The clinical educator will assess the student's response and performance based on the feedback on: [DATE}

Assessment of Response and Performance: Identify any encouraging signs noticed in student behaviour: Describe observations of student performing identified issue, including whether it met the standard of "acceptable": ISSUE RESOLVED / ISSUE NOT RESOLVED

I agree that the above is an accurate representation of the meeting and both parties commit to the actions outlined.

Student Name: Clinical Educator Name:
Signature: Signature:

Adapted from *Strategies for Fieldwork Supervisors, Margo Brewer, Curtin University (2018)*.

APPENDIX E:
SELF-REFLECTION TEMPLATE

Students can use one or all of the sections below in a written or verbal self-reflection after a session / placement day.

LOOKING BACK:
- Describe 3 things that went well and why
- Describe 3 things that didn't go well and why

Consider these aspects of the session:
- Therapeutic relationship
- Each individual activity (your execution as well as client performance)
- Increase and decrease steps
- Task explanations
- Feedback to client
- Outcome measures

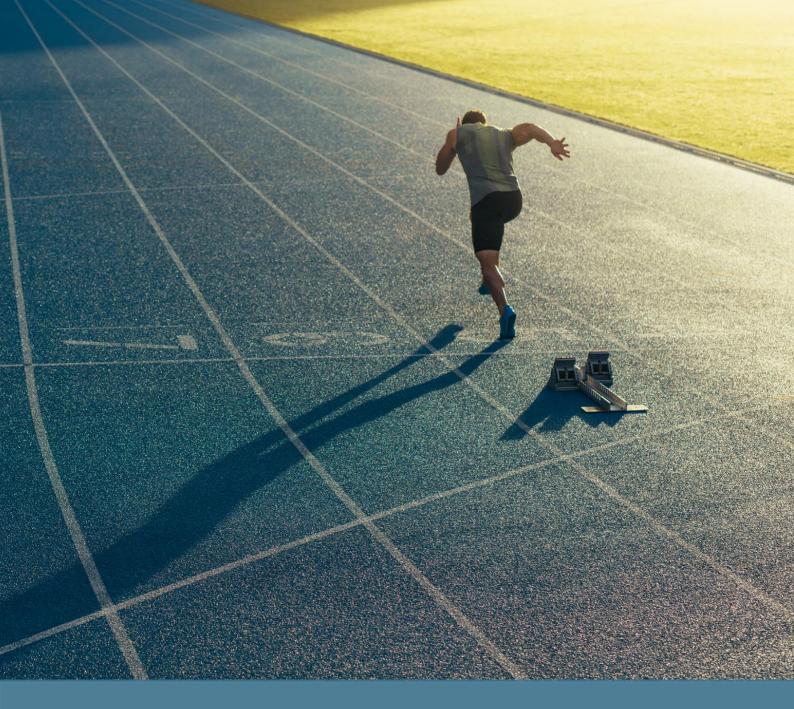| LOOKING DEEPER: THE CLIENT	LOOKING DEEPER: YOURSELF	LOOKING DEEPER: SIGNIFICANT OTHERS
• Were your goals for the session achieved? • What improvements were there from the previous session?	• How did you feel before the session? • How did you feel in the session? • How do you feel now? • What surprised or puzzled you? • What did you learn as a result of the experience? • Did you achieve your own learning objectives? • What was your level of independence? • How did the session compare to your expectations? • How have you improved from previous sessions?	• How did significant others engage in the session if present? • How could significant others be engaged in the activities if not present?

LOOKING FORWARD what will you:

1. Stop doing:
2. Keep doing:
3. Start doing:

How will you know that you have improved/progressed?

Adapted from resources compiled by Abigail Lewis, Edith Cowan University (2019).

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