

# Throw Them to the Wolves or Hold Their Hand - Finding the Happy Medium for Student Supervision

In order for students to transition from novice “observers” to entry-level “practitioners”, clinical experiences must provide a progression toward more and more independence in both skill performance and clinical problem-solving. Clinical instructors can find it a challenge to select the right balance between “hand-holding” (to assure patient safety and student comfort) and “throwing them out there” (to facilitate more independent practice). Decisions regarding the best level of supervision should take into consideration the preparation and learning style of the *student* along with the needs of the *CI and patient*. Some points to consider include:



(1) The ***expectations and learning style of the student***. A student who feels “overwhelmed” by too much independence may end up being too stressed to learn, while a student who feels “bored” will also fail to reach maximal potential. Be aware that students may be hesitant to express these feelings to their clinical instructor, so tools or strategies that you can use to help identify the student’s expectations/learning style include:

- The **Student Information Sheet** which is sent to the facility's CCCE preceding the clinical rotation — It includes information regarding learning style, indicating whether the student hopes to progress very slowly/gradually during the rotation or quickly progress in terms of responsibility and independence. It will also give you insights into the student’s prior work or academic experience to use in determining appropriate levels and progression of independence.

- Open-ended questions during **orientation/first day** of the rotation such as, “in terms of level of independence you’re given... what did you like or not like about how previous CI’s have handled that?” or “I’m planning to have you mostly watch this week, then progress to performing components of treatments and by the end of the rotation having some independence with patients that are “yours”.. is that what you were expecting?”

- Ongoing questions/**communication throughout the rotation** such as, “how is this rotation like what you expected? How is it different than what you expected? Do you feel ready for more independence? ”

- Use of a **visual analog scale** with “feel thrown to the wolves” on one end and “feel hand-held” on the other. Having the student mark an “X” along the continuum can give you feedback regarding their comfort level.

(2) The ***expectations of the Program***. The clinical objectives and expectations are also provided to the facility's CCCE. Referencing this tool (with the student) can help you identify what skills the student has had exposure to in class/lab and what skills the Program expects the student to demonstrate proficiency with in the clinical environment. While the preparedness of each student and complexity of each clinical environment does vary, none of the clinical experiences are intended to be purely “observational”. In other words every student on every rotation should be able to progress toward or to an “entry-level” of independence and/or skill performance by the end of each experience.

(3) The ***needs of the patient and the clinical site/instructor***. The acuity and complexity of a patient’s impairments are also factors that should be considered in selecting the appropriate level of independence for students. Patients with more critical presentations, multi-system involvement or those who have a fluctuating status should not be delegated to students without direct supervision. Facility policies, legal/billing considerations, Practice Act guidelines, and supervising PT judgment/wishes (when the CI is a PTA) are also important to identify and follow in each practice setting.

“Throwing them to the wolves” as a teaching technique has its advantages and disadvantages. It is certainly a strategy that can facilitate more independent critical thinking and problem solving, but it can also create student stress, risk patient safety, and be perceived as using a student as an employee rather than providing “training”. “Hand-holding”, on the other hand, ensures that the CI is providing ongoing instruction. But, if utilized exclusively, it inhibits the ability of the student to develop independent problem-solving skills. Collaboration and open communication with each student and with the Program ACCE is the best method for helping you identify and adjust the level of independence/supervision used. Matching CI teaching/supervision strategy to the needs of the student, patient, and Program is the ultimate goal of clinical education.