An exploration of the experience of co-supervision practice education placements from the practice educator perspective

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Abstract

Purpose – The increasing demand for practice education placements in Ireland, driven by the growing need for allied health professionals, presents significant challenges. Over the past twenty years, the co-supervision model, which divides the supervision of a single student among two educators, has become more prevalent. This is largely due to its suitability for part-time therapists who wish to facilitate practice education placements. Despite its increasing use, the model has received less attention in occupational therapy than the one-to-one model, the two-to-one and the collaborative model. This paper aims to describe occupational therapy practice educators experiences of facilitating the co-supervision model of practice education.

Design/methodology/approach – Using a qualitative descriptive approach, semi-structured interviews were completed with nine occupational therapists to explore their experiences of using the co-supervision model. Data were analysed using Braun and Clarke's six-phase reflexive thematic analysis. Rigour and trustworthiness were achieved through an audit trail, prolonged engagement with the data and ongoing team reflection on theme development.

Findings – Reflexive thematic analysis yielded five themes: (i) broad student learning opportunities in the co-supervision model, (ii) communication within collaborative relationships, (iii) co-supervision facilitates participation in the Practice Educator role, (iv) planning and self-preparation are essential and (v) the co-supervision model demands student self-management skills.

Originality/value – Providing contemporary nuanced evidence on practice educators' perspectives of the co-supervision model in occupational therapy placements in an Irish context is essential in highlighting its potential as a promising alternative to other models in facilitating quality student placements.

Keywords Co-supervision, Shared supervision, Placement, Supervision models, Fieldwork

Paper type Research paper

Introduction

Practice education is recognised as an essential component of healthcare students' professional competency development (Roberts *et al.*, 2015; World Federation of Occupational Therapists, 2016). Yet insufficient numbers of practice education placements have been a long-standing issue in occupational therapy education globally. This paper presents contemporary evidence from the practice educator perspective on the use of the co-supervision model of student supervision, where one student is supervised by two or more practice educators (Coulton and Krimmer, 2005). It has been used for many years in occupational therapy practice education across Ireland as an alternative to the traditional one student to one practice educator model (1:1) of supervision (Ní Riain *et al.*, 2025).

Practice education placement shortages have been perpetuated by many challenges over the past twenty years. A shortage of qualified allied health professionals led to the creation of three new additional WFOT accredited occupational therapy programmes in 2003: one BSc Occupational Therapy programme in University College, Cork and University of Galway respectively and one MSc OT (Professional Qualification) programme at the University of Limerick with a subsequent total increase in over 90 occupational therapy student places per year thereby creating

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an increased demand for practice education placements (Bacon and Associates, 2001). Since the 2008 recession, the Health Service Executive (HSE) cut the healthcare budget at different time points, leading to recruitment embargos in public sector jobs causing staffing challenges and difficulties in providing enough practice education placements for health professionals in Ireland (Thomas *et al.*, 2012; O'Cionnaith, 2014). In Autumn 2024, the Irish government responding to the ongoing shortage of qualified occupational therapists agreed to fund the expansion in the number of students' places on the existing BSc Occupational Therapy programme at the University of Galway (by approximately 20 student places per year) and introduced a new undergraduate BSc occupational therapy programme at the University of Limerick (approximately 20 new places per year) with the potential for further student number increases in the coming years, thereby adding to the ongoing demand for practice education placements (Department of Further and Higher Education, Research, Innovation and Science, 2024).

In response to the growing need for placements, alternative models of practice education supervision have developed beyond the traditional one student to one educator (1:1) model (Ní Riain *et al.*, 2025). Models are described based on variations in student-to-practice educator ratios, for example, the two students to one educator (2:1) model, (often called the collaborative supervision model), the co-supervision (or shared) model with one student being supervised by two educators, role emerging placements, telehealth and innovative teaching and learning approaches (Gustafsson *et al.*, 2017). However, systematic reviews of practice education supervision models have concluded that the terminology describing the models is often unclear and used interchangeably which has resulted in limitations in concluding if one model of practice education supervision is superior to another (Lekkas, 2007; Briffa and Porter, 2013; Rodgers *et al.*, 2023; Pope *et al.*, 2023).

While the 1:1 model of supervision is the common for allied healthcare students (Lekkas *et al.*, 2007; Roberts *et al.*, 2015; Ní Riain *et al.*, 2025), universities are keen to build on empirical evidence to recommend the use of a variety of models to address practice education shortages (Hamilton *et al.*, 2015). Reluctance to adapt alternative models of supervision to the traditional 1:1 model has been noted internationally (Forfa *et al.*, 2022) and the limited empirical evidence to support some models coupled with the ongoing placement shortages highlights the need for further evidence on the use of alternative models (beyond the 1:1 model) to enable the provision of sustainable quality placements that can adequately prepare new graduates for the realities of practice (Brown *et al.*, 2016). To date, models of supervision researched in occupational therapy nationally and internationally have included the 2:1 model, the collaborative group model, the group supervision model and the co-supervision model. Beyond the 1:1 approach, research focused on the 2:1 model or the collaborative supervision model has received greater attention than other models, with studies focusing on occupational student and educator perspectives in uni-disciplinary and comparative studies across disciplines (Martin *et al.*, 2004; Gallagher and Cahill, 2008; Farrow *et al.*, 2000; O'Connor *et al.*, 2012).

The co-supervision model was recently described by Ní Riain *et al.* (2025) as a valuable model of supervision for contemporary occupational therapy practice education although it lacks the extensive evidence base that exists for the 2:1 and collaborative and group supervision models. It is often used as an alternative to the 1:1 model, especially for part-time educators or those with heavy caseloads (Coulton and Krimmer, 2005; Ní Riain *et al.*, 2025). The perceived benefits of co-supervision to educators in healthcare professions included a shared workload, further opportunities for learning, reductions in burnout and increased support (Coulton and Krimmer, 2005; Lekkas *et al.*, 2007; Loewen *et al.*, 2017). Similarly, occupational therapy educators reported co-supervision model benefits as supporting learning from colleagues, decreased pressure, and providing opportunities for part-time therapists (Coulton and Krimmer, 2005; Engel *et al.*, 2013). Conversely the challenges for educators facilitating this model include the need for collaborative planning and assessment, maintaining confidentiality, and balancing roles of therapist and educator (Gaiptman and Fomra, 2003; Engel *et al.*, 2013). For students the model has been described as offering exposure to diverse experiences, increased support, offering autonomy, and learning from multiple therapists while on one practice education experience (Lekkas *et al.*, 2007; Copley and Nelson, 2012; Coulton and Krimmer, 2005; Forfa *et al.*, 2022). Facing difficulties with feedback from multiple sources can be a perceived challenge for students participating in the co-supervision model (Coulton and Krimmer, 2005) while the use of the co-supervision model was reported to be of greatest benefit to experienced students as there was a higher expectation of independence (Steele-Smith, 2001). While studies of co-supervision are limited relative to other placement models, most conclude that effective implementation requires collaboration, communication, flexibility and cooperation between educators (Coulton and Krimmer, 2005; Copley and Nelson, 2012; Engel *et al.*, 2013).

In contrast to the co-supervision model, the 2:1 model of student supervision has been extensively described in allied health research. For the occupational therapy practice educators' perspective, identified benefits of peer support and improved clinical reasoning have been noted (Gallagher and Cahill, 2008; Price and Whiteside, 2016). Successfully implementing the model involves preparation, communication and pragmatism (Martin *et al.*, 2004; Gallagher and Cahill, 2008; Price and Whiteside, 2016; O'Connor *et al.*, 2012). From the students' perspective, communication is crucial for the model's effectiveness (Martin *et al.*, 2004) and the 2:1 model provides a higher quality learning experience and more opportunities for peer support compared to the 1:1 and 3:1 model (Martin *et al.*, 2004).

The collaborative model of fieldwork, somewhat similar to the 2:1 model, involves one educator supervising multiple students while the group supervision model involves multiple educators supervising multiple students. Perceived advantages of the collaborative model of supervision for students include increased student autonomy, enhanced learning, skill development, and confidence in the practice environment (Kinsella and Piersol, 2018). Successful implementation requires thorough planning,

preparation and communication, engagement with university staff, and access to educational resources are crucial supports for the model (Rodgers *et al.*, 2023). Peer support, improved self-confidence, and clinical competence are benefits, while caseload, workspace, and student compatibility are potential challenges (Miller *et al.*, 2006; Farrow *et al.*, 2000; Kinsella and Piersol, 2018; Hanson and Deluliis, 2015).

While a range of different research approaches have been used to research models of supervision, from qualitative descriptive interviews and focus groups studies (Martin *et al.*, 2004; Price and Whiteside, 2016) to quantitative mixed methods surveys (Farrow *et al.*, 2000; Copley and Nelson, 2012; Barlow *et al.*, 2020; Rodgers *et al.*, 2023; Kinsella and Piersol, 2018) and systematic and scoping reviews (Lekkas *et al.*, 2007; Rodgers *et al.*, 2023; Briffa and Porter, 2013), no one model of practice education has been identified as superior to another (Lekkas *et al.*, 2007; Pope *et al.*, 2023). Studies have tended to be limited in scope, with small sample sizes and are of low quality due to a lack of comprehensive descriptions of methodological detail (Pope *et al.*, 2023).

While the 1:1, 2:1, collaborative, and group supervision models have a substantial body of evidence, the co-supervision model, particularly in occupational therapy, has received less attention, especially in the Irish context. Despite some evidence suggesting benefits such as reduced burnout, peer support, and suitability for part-time educators, (Coulton and Krimmer, 2005) there is a pressing need for contemporary, nuanced research to understand practice educators' perspectives on the co-supervision model. This study aims to fill this gap by exploring the experiences of occupational therapy practice educators in Ireland using a qualitative descriptive approach. It seeks to identify the challenges and benefits of implementing the co-supervision model in occupational therapy practice education placements. The intention is to build the evidence base for and raise awareness of the co-supervision model and to position it as a potentially viable alternative to the traditional 1:1 model in modern healthcare services.

Methods

Study design

A qualitative descriptive approach was used to explore practice educators' experiences of utilising the co-supervision model within an occupational therapy practice education environment in the Republic of Ireland through 1:1 semi-structured interviews and reflexive thematic analysis (Braun and Clarke, 2021).This allowed for a deep understanding of the topic through a broad scope of understanding and knowledge gained from participants framing their own perspectives (Braun and Clarke, 2021). Ethical approval was obtained from the University of Limerick Education and Health Sciences Research Ethics Committee (Application number 2017_05_11).

Sample

Purposive sampling was used to recruit occupational therapists who had previously used the co-supervision model as a practice educator on at least one occasion. Participants were recruited through an email invitation sent by the Association of Occupational Therapists in Ireland (AOTI) to its members. Eleven occupational therapists demonstrated interest by responding to the recruitment email, were given further information, and were invited to participate in an interview. Nine occupational therapists participated in the study, as one did not respond, and one was unable to schedule an interview within the allotted time frame. Table 1 outlines the participants' demographic information.

Data collection

Data collection occurred through 1:1 semi-structured interviews at either the University, the participants' workplace, or via phone call or Skype by the study's first author who used open-ended questions that allowed for flexibility in the interview flow and accommodated unexpected concepts expressed by participants (Braun and Clarke, 2021). Interviews were audio recorded and lasted between 30 and 60 min. The interview guide, created by both authors, was based on practice education models literature and the observed experience of the second author, an experienced practice education coordinator. The interview guide was reviewed following the first two interviews to ensure that all questions were relevant to the study and clear to the participants. Field notes were completed by the researcher following interviews and discussed with the second author to reduce researcher bias and increase transparency (Braun and Clarke, 2021). The audio recordings were transcribed manually by the first author. Accuracy was ensured through repeated listening and cross-checking of transcripts against the original recordings. Participants were given pseudonyms to protect their identity.

Data analysis

Transcripts were qualitatively analysed using the NVivo 11 Software through the six step process of reflexive thematic analysis (RTA) (Braun and Clarke, 2021). Through TA, patterns and themes within the data set were highlighted and meaning was attributed to the data concerning the aims of the study (Braun and Clarke, 2021). The first author led all six steps of the data analysis. In the initial step, each transcript was thoroughly read. The second step involved coding the data, creating both semantic (surface-level) and latent (interpretative) codes to capture the participants' experiences accurately (Braun and Clarke, 2021). During the third step, the coded data was organised into preliminary themes. In the fourth step, the first author collaborated with the co-author to discuss and refine the codes and themes. Steps five and six involved reviewing, refining, and discussing the final themes with co-author. The final phase concluded with the first author writing up the findings, incorporating data excerpts as quotations.

Rigour and trustworthiness

Rigour and trustworthiness of the study were ensured through several strategies. Credibility was enhanced through member checking, where full transcripts were returned to each participant within 10 days of the interview for review and verification of accuracy. Transferability was ensured by providing a rich description of the research process, including the context, participant details (while maintaining anonymity), and the methodological approach (Lincoln and Guba, 1985; Korstjens and Moser, 2018).The first author maintained an audit trail documenting key decisions throughout the process, alongside a reflective journal capturing immediate thoughts post-interview and reflections during data analysis to ensure

Table 1 Participants' demographic information

Clinical area	Practice Educator level	Practice Educators' education	Attended a practice education course before the placement	No. of times that practice educators had facilitated the co-supervision model
Adult community intellectual disability	Senior	BSc OT	No	1
Child Adolescent Mental Health Service	Senior	BSc OT	No	2
Community older persons mental health and adult mental health	Senior	BSc OT	Yes	1
Community primary care and older persons residential care	Senior	BSc OT	Yes	3
Hospital outpatient	Staff grade	BSc OT	Yes	1
Inpatient rehabilitation and vocational assessment	Senior	BSc OT	No	1
Paediatric early intervention and school age	Senior	MSc(OT) professional qualification	Yes	1
Primary care	Senior	BSc OT	No	1
Primary care	Senior	Dip OT	Yes	1

Source(s): Created by authors

dependability (Lincoln and Guba, 1985). Reflective journaling by the first author and peer debriefing between the co-authors ensured confirmability (Lincoln and Guba, 1985; Korstjens and Moser, 2018). Discussions between the authors facilitated ongoing reflection on methods and personal biases to help ensure transparent and consistent data interpretation. Codes and themes were compared and discussed during steps four, five and six of the thematic analysis to enhance the validity of the findings. The Standards for Reporting Qualitative Research (SRQR) guidelines (O'Brien *et al.*, 2014) were followed to ensure transparency throughout the study.

Findings

Reflexive thematic analysis yielded five themes:

1 broad student learning opportunities in the co-supervision model.
2 communication within collaborative relationships.
3 co-supervision facilitates participation in the Practice Educator role.
4 planning and self-preparation are essential; and
5 the co-supervision model demands student self-management skills.

Broad student learning opportunities in the co-supervision model

Educators perceived that co-supervision had the potential to create a positive enriched learning experience for students through their exposure to different practice educator working styles, preparing students for the realities of practice. Providing a broad range of enriching learning opportunities for the students through the variety of working styles and with a variety of clients was a perception of almost all the participants ($n = 8$):

> So, it's quite an enriching environment, so it was to, kind of, you know, em [. . .] a holistic, a fairly [. . .] interesting placement. – Participant 1

Another participant describes the opportunities the co-supervision model provides:

> It gives the student opportunities to see, in one placement, two different OT styles, so it gave the student opportunity to work very closely with two OTs who'll obviously be very different. – Participant 7

Three participants perceived that students working with two client groups during a co-supervision model had expanded opportunities for development of their knowledge and skills:

> I think it's probably a better use of their placement to experience as much as possible. – Participant 6.

Participants described the co-supervision model as better preparing the students for the realities of practice, compared to a traditional 1:1 model of supervision:

> Managing that time and planning out your schedule or your diary that way, I think really helps prepare students for the working world. – Participant 6

Communication within collaborative relationships

This theme indicated that collaboration, clear communication between educators, and the students' ability to communicate their own needs were important factors in the co-supervision model. Most participants ($n = 7$) identified a good working relationship with the other supervising therapist as an important consideration before entering into co-supervision:

> I think I was very lucky that the person that I was co-supervising with, I know her quite well, we've got quite a good working relationship. – Participant 2

Along with a good working relationship, clear communication between educators was identified as a facilitating factor to the co-supervision model's success:

> That the two supervisors, again, have a[. . .] good communication pathway or, they have a good agreement in relation to how to communicate[. . .] to each other first, because, again, if they don't, then placement is going to fail. – Participant 6

The students' ability to communicate their needs with educators was another component of communication identified by participants as key to the model's success:

> It's up to them to feed that back to us as well, em [. . .] that you know, that if, if they do think it's too scattered or too challenging, we can tailor things as well, to meet their needs. – Participant 5

Co-supervision facilitates participation in the practice educator role

All participants discussed co-supervision as facilitating their participation in the PE role through sharing responsibility, reducing pressure, incorporating student supervision into their daily work, sharing giving feedback, joint assessment, and having opportunities for self-reflection. Participants discussed how they shared giving student feedback to create a joint and fair assessment of the student:

> It could be a bit [. . .] fairer as well, in terms of your having two people's opinions, you are getting two people's perspectives so if, if there was any issue with marking and things, its actually two people opinions.– Participant 5

Through co-supervising the student, all PE's described how sharing the responsibility of facilitating the student, enabled the PEs to incorporate their student education role easily into their daily work:

> Still being able to do your own, you know, complete your own working day, as well as em [. . .] working alongside a student, I think that was probably the biggest advantage. – Participant 3

Participants ($n = 6$) also described participating in the co-supervision model as less intense than when facilitating a student alone on the traditional 1:1 model:

> because there's less chance of getting burnt out, or getting frustrated with a student, I think it's more appealing [. . .] if you take on a second year student for example, for a whole nine week observational placement, it's very intense, its very time consuming [. . .] em [. . .] and it's therefore probably a bit more off putting, whereas, I think if you can co-supervise, you can incorporate it more [. . .] more easily into your [. . .] kind of, day to day working, and it might make it more [. . .] likely that people would take on students more willingly. – Participant 2

Planning and self-preparation are essential

Participants ($n = 7$) described the additional planning required to implement co-supervision as more effort than a traditional 1:1 model. Some participants discussed that although extra planning was required, it was considered worthwhile:

> I think the payoff is probably[. . .] is probably over[. . .] stronger than the actual- the amount of work. – Participant 6

An identified advantage of the planning required for implementing the co-supervision model was that it provided practice educators the flexibility to facilitate the students' specific learning needs:

> Then it was more flexible based on what she felt her, em [. . .] her learning needs where. – Participant 8

Along with the practicalities of scheduling and logistics, all participants discussed participating in practice educator training from university practice education teams as useful:

> Having both supervisors maybe be, you know, have both been recently trained would be good in terms of their understanding of the marking system. – Participant 5

However, all participants identified that they were not given any specific information or education regarding co-supervision.

Co-supervision models demand self-management skills

All participants perceived that the co-supervision model had the potential to be more difficult for the student to participate in than a 1:1 traditional model, because it requires students to utilise self-management skills of organisation, flexibility and responsibility:

> The student has to be informed so that, I mean, the student has to have extra structure for him or herself to be able to cope with that. – Participant 4

Due to the demands on self-management skills, the co-supervision model was perceived by the majority of participants ($n = 6$) to be a potentially challenging placement experience for some students:

> If it were a weaker student, I think it would prove more challenging for them, in terms of, you know, you do need to know where you're going each day and be prepared, em [. . .] because there is quite a lot of chopping and changing. – Participant 5

Others expressed that co-supervision may be more suited to students who were participating in later placement experiences, where they could have the opportunity to enhance and refine their self-management and organisational skills:

> Maybe we need to be looking at PE3 and PE4 for this setting, because there is a lot going on, and at that level, you kind of expect a little bit more of them, so they might get a bit more out of the experience. – Participant 1

Conversely, some participants perceived the co-supervision model to be better suited for earlier placements:

> Maybe an earlier placement, you know, seeing more is of more benefit, rather than an awful lot of time on, you know, in one particular area. – Participant 5

Discussion

Five themes were described in this study of practice educators' experiences of utilising the co-supervision model:

1. broad student learning opportunities in the co-supervision model;
2. communication within collaborative relationships;
3. co-supervision facilitates participation in the practice educator role;
4. planning and self-preparation are essential; and
5. the co-supervision model demands student self-management skills.

Participants outlined the benefits of co-supervision for students, including exposure to two working styles and a broad range of enriching learning opportunities. This echoes findings in occupational therapy, physiotherapy, and social work, which highlight diverse experiences and learning from multiple therapists as key advantages (Coulton and Krimmer, 2005; Copley and Nelson, 2012; Barrett *et al.*, 2021). Other studies reported challenges due to conflicting feedback from two sources (Lekkas *et al.*, 2007; Morris and Stew, 2013). However, this study found that dual perspectives enhanced educators' perceptions of fairness in student assessment. These findings suggest a need for further research into occupational therapy students' experiences of assessment and feedback during co-supervision, and raise questions about the objectivity and fairness of assessment in models where one educator holds sole responsibility.

A key challenge noted in the literature is the increased need for planning and collaboration in co-supervision (Coulton and Krimmer, 2005; Lekkas *et al.*, 2007). Participants acknowledged that while co-supervision required more initial effort, collaborative planning ultimately benefitted both educators and students. Although all participants valued university-led educator training, they highlighted a lack of specific preparation for co-supervision. This suggests a need for targeted training to support practice educators in delivering confident, high-quality co-supervised placements.

Participants perceived co-supervision as a more challenging model for students than the traditional 1:1

model, particularly for those needing support. Previous studies identified challenges such as fragmentation, difficulty managing two service areas, and overburden from learning two roles (Lekkas *et al.*, 2007; Engel *et al.*, 2013). In this study, participants' views on the depth of knowledge students gain from two client groups when placed with educators in different practice areas were mixed. Some saw it as an advantage, offering broader skills, while others viewed it as potentially limiting. Perceptions of knowledge depth also related to students' prior experience or stage in their programme. Some participants agreed with Steele-Smith (2001) that co-supervision suits more experienced, independent students, while others felt it better supports early placements due to the variety of experiences. This contention highlights the need for further research into co-supervision's impact on student learning at different placement levels.

Key factors for successful co-supervision implementation in this study included shared feedback, collaborative assessment, and open communication between practice educators and students, align with previous findings, emphasising efficient communication, collaboration, preparation, and relationship management who recommend scheduling based on learning requirements, communication, and flexibility (Coulton and Krimmer, 2005; Copley and Nelson, 2012; Engel *et al.* (2013).

While the study's strength lies in the provision of a robust methodology with a nuanced description of nine occupational therapists' perspectives on the co-supervision model, only two participants had more than one experience facilitating the model, thereby limiting the transferability of the findings beyond the described context. Further research is recommended to further explore practice educators' specific experiences of student assessment and student perspectives at different stages of their placement levels (early or later placements).

Conclusion

Providing valuable empirical insights into the co-supervision model from occupational therapy practice educators' perspectives in the Republic of Ireland, this study expands the co-supervision evidence base, which has been less studied compared to the 1:1, 2:1, and collaborative supervision models. The insights gained can serve as a foundation for further research into the co-supervision model in various healthcare contexts and its impact on student outcomes. The preparation, communication and practice educator collaboration required before the student arrives on placement for this model underscores the necessity for universities to raise awareness about the model and offer support to practice educators to ensure the successful implementation of the co-supervision model. The recent collaboration to provide national interuniversity occupational therapy practice education courses in the Republic of Ireland (Ní Riain *et al.*, 2025) presents an opportunity to integrate the findings of this study into a suite of evidence-based models of practice education offered to educators facilitating a student placement, providing an evidence based, sustainable solution to the increasing demand for quality placements and ultimately improve patient care in a rapidly changing healthcare environment.

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Author contributions

Mairéad Cahill led the conceptual design of the study. Andrea Gallagher led the data analysis, and drafting of the initial manuscript. Mairéad Cahill contributed to the literature review, revised the manuscript critically and provided supervisory input throughout the project.

Ethics statement

Ethical approval for the study was granted by the University Research Ethics Committee of the University of Limerick (Ref: 2018_06_09_EHS).

Use of AI statement

During the final preparation of this revised manuscript, the authors used Microsoft Co-pilot to assist with language editing in the conclusion and discussion section. The final content was reviewed and verified for accuracy by the authors, who take full responsibility for the content and its integrity.

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