

2:1 SUPERVISION MODEL

- Negative Aspects
- M How and Why It Worked



POSITIVE ASPECTS

- Learning about cooperation and teamwork
- In Learning from peers
- May complement each other
- M Caseload



NEGATIVE ASPECTS

- Competition
- More work for the supervisor
- III Less feedback for students
- M Organization
- M Different learning styles and learning rates
- Hard to provide the same learning experience for both
- May be difficult to separate



T Caseload

HOW AND WHY IT WORKED

- Roles clearly divided
- Site was very open to communication



Supervisor recognized that we are 2 individuals each with strengths and weaknesses

HOW AND WHY IT WORKED (CONT'D)

- No competition between us; both open to feedback
- Not too proud to ask for help

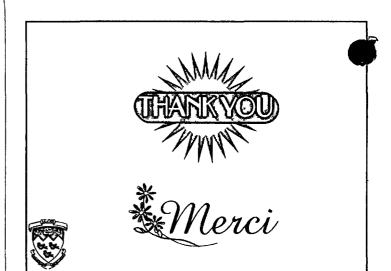


CONCLUSION

- ☐ 2:1 supervision isn't that scary
- Supervisor and students' personalities very important to take into account
- To Closer to reality than 1:1 supervision







REFERENCES

Abromderson, H. Dastmalchi, M. Esbjorneson-Bjadein, M. Opeba, C.H. Lundberg, I.E. (2007). Benefits of intensive Relatance Training Patients with Chronic Polympostis on Dermatomycetts. Arthritis & Fibeumeillen, 57 (6), 763-777. Busenna, I.E. Gessam, M.P., van Doorn, P.A., & Stam, H.J. (2007). Analysing the favourable effects of physical disress, fatigue and functioning in Guillain-Barré Syndrome and Chronic Inflammatory Demyelinating Polymeuropathy. Journal of Rehabilitation Medicine, 39, 121-125.
Chan, K.F., Boey, M.L. (1998). Transverse myelopathy in S.E. clinical leatures and functional outcomes. Lupus. 5, 294-299. Chronic Inflammatory Demyelinating Polymeuropathy (n.d.) Retrieved June 30, 2008 from http://en.widpedia.org/wki/Chronic, Inflammatory, demyelinating, Dolymeuropathy Dermatomycettis and polymycettis (n.d.) Retrieved June 30, 2008 from http://en.widpedia.org/wki/Dermatomycettis (1995). Impairments of Reaching Movement in Petients Without Proprioception II. Effects of Visual information on Accuracy Journal of Neurophysiology, 70(1), 361-372.
Graves, I., Hale, L. (2008). Galt rehabilitation in scute transverse myellits: a cess report. New Zealand Journal of Physiothyrapy, 35 (1), 17-23.
Hughs-R.A.C. (2003). Management of Chronic Inflammatory Demyelinating Polyradiculoneuropathy. Drugs. 63(3), 275-8201.

Progress, R.A.C. (2003), Management of Chronic mammasory Demyesinisating Progradiculonearopamy, Drugs, 63(3), 27
200.

Kapin, Atlaham, C. Desbpande, D.M. Partio, C.A. Kerr, D.A. (2005). Diagnosis and Management of Acute
Myelopathies, The Neurologist, 11 (1), 2-18.

Levis, P.A., Zestau-Horl, A. (2009). Chronic unflammatory Demyesinating Polyradiculoneuropathy. Retrieved June 30th,
1008 from Alkedona zoat Theories unally Lipidated Clinical Reference,
http://www.emedicine.com/herotro/Pol/C457-HTM

Transverse Myellite (n.d). Retrieved June 30, 2008 from http://en.wiklpedia.org/wikl/Transverse_myellits
Varib, C., Peth, E., & Kutsa, R. (2003). The effect of physical exercise following acute disease exacervation in patients
dermatolopolymyositis. Clinical Rehabilitation, 17 83-87

Wissinger, G. et al. (1989), Improvement of physical filmess and muscle strength in polymyoettis/dermatomyositis petiby a training programme. British Journal of Rheumatology, 37, 196-200.

