Collaborative Learning in Clinical Education
Collaborative Model in Clinical Education

Refers to 2 or more students being supervised concurrently by a single clinician

Could include:
2 or more students from the same school at the same level of training
2 or more students from the same school at different levels of training
2 or more students from different schools at the same level of training
2 or more students from different schools at different levels of training
PT/PTA combinations

The CI delegates most or all of caseload and devotes time to facilitation of learning among the students
Please consider using the tips, ideas, and resources contained in this handbook to assist you in providing a structured collaborative learning clinical experience. This is a work in progress, so we welcome your suggestions for improvement.

Getting started:
1) Use a calendar to map out start and finish dates and any critical dates such as mid-term and final, planned time off, etc.

2) Meet with the CCCE and/or ACCE to review the calendar and address any concerns. Develop a backup plan for how to handle CI illness or a situation requiring reverting to 1:1 student supervision.

3) Contact students with information to let them know this will be a collaborative learning experience. Consider including references to an article about the model or information on teams to prepare the students for this experience.

4) Use a scheduling grid to map out plans for orientation, tentative group and individual meeting times and possible goals for productivity or other key expectations.

5) Get ready to have a new experience that will challenge you to develop your organizational and teaching skills!

The following pages contain a few suggestions and examples of tools to use as well as a bibliography of references regarding collaborative learning in the clinic.

Please feel free to contact any officer of the Florida Consortium of Clinical Education (FCCE) with your ideas or questions. You can locate our contact info at www.fcce-fpta.org
SAMPLE WELCOME LETTER

Date

PT/PTA Student
1001 Education Lane
College Town, Florida 98765

Dear Physical Therapy/Physical Therapist Assistant Student,

Welcome to_________________________ (site name). My name is Mr./Ms. Smith, the CCCE and I will be coordinating your educational experience while you are with us at our facility. We are looking forward to having you in our clinic on___________ (start date). Your Clinical Instructor’s name is ___________ and you will be working with him/her in the ____________ clinic. The hours of the clinic are M-Th 7:00 am - 6:00pm and Friday from 9:00-12:00.

We utilize a collaborative learning model, so you will be paired with another student who will work as a team with you and your clinical instructor. If you have questions regarding this model of clinical education, please speak to your ACCE/DCE.

The patient population you will primarily be working with is _________________. You may want to review your notes regarding ________________ and bring your texts for reference.

We look forward to having you with us for _____ weeks next ___________. If you have any questions, please contact me at __________________. The best phone number to reach me is __________________ and the best time of day to contact me is between 8:00-9:00 am and 4:00-5:00 pm.

Sincerely,

Mr./Ms. Smith, CCCE
Consider developing an orientation checklist using the sample below to add or delete as needed

Collaborative Model

STUDENT ORIENTATION

STUDENT NAME: __________________________________________________________
DATES OF AFFILIATION: ____________________________________________________
TYPE OF EXPERIENCE: _____________________________________________________

PRIOR TO STUDENT ARRIVAL:

___ Specific dress code requirements (if any)
___ Directions to the facility and to the department.
___ Hours of operation and tentative student schedule
___ Parking arrangements
___ Who to report to on the first day (CCCE, CI, Human Resources)
___ Arrangements for living quarters (if applicable)
___ Lunch availability (storage, accessibility)
___ Brochures or pamphlets on facility
___ Brief description of the types of experiences students can anticipate encountering on clinical (i.e. aquatic therapy so student can be prepared and bring swimsuit)
___ Department phone number/e-mail- review sick policy (make up days)
___ Introduction to working in teams/collaborative learning

FIRST WEEK OF CLINICAL EXPERIENCE:

___ Introduction to departmental staff and personnel
___ Introduction to key facility personnel
___ Review of organizational structure of the department
___ Job descriptions for all PT personnel / sample performance evaluation
___ Tour of the facility (possibly completed by HR or marketing dept., volunteer, other student)
___ Tour of the department
___ Orientation to department and facility policies and procedures including but not limited to:
    ___ Fire safety
    ___ Patient emergencies - codes and procedures
    ___ Employee safety
Incident reports
Availability of emergency services
Use of cell phones and computers (internet access)
Explanation of daily routine including but not limited to:
  Scheduling procedures
  Communication methods/expectations
  Procedures for treatment charges
  Documentation expectations
  Designation of student work area
  Ground rules for patient care

Clinical objectives
Review various types of learning experiences available to student
Review facility’s objectives for the clinical experience
Review students’ responsibilities and the CI’s expectations for the student
Review school objectives for the clinical experience
Discuss students’ pre-clinical self-assessment (which includes students learning style, previous experiences and goals)
Discuss clinical instructors’ teaching style
Establish formal objectives for the student and time frames for achievement
Establish plans for providing feedback (formal and informal)
Schedule (even if tentative) time for student midterm and final performance evaluation

THROUGHOUT CLINICAL
Provide student(s) with ongoing feedback formal and informal
Solicit feedback from student(s)
Keep ACCE/DCE appraised of any concerns regarding student performance
Document areas of student(s) performance (positive and negative) this will make completing the formal written evaluation easier and assist you in providing accurate feedback to the student(s)
Assess student(s) progress in relation to established goals
Assess team performance and make adjustments as needed

AT COMPLETION OF CLINICAL
Review student evaluation with student(s)
Review students’ evaluation of clinical experiences
Student(s) and CI sign off on both of the above
General Suggestions:

Communication methods/expectations-Depending on the physical layout of your environment, this is key in providing for the safe and effective management of patients. Settings with patient care areas on multiple floors require efficient methods for two way communication such as handheld phones, paging systems, etc. Providing explicit guidelines for when and how communication will occur is vital. Modeling methods of effective and efficient communication in the first few days will give the students a reference point for your expectations of them. Use the SBAC (situation, background, assessment, recommendation) outline for asking students to be concise and direct in their communications with you regarding patients. Again, model this behavior when you interact with physicians, nurses, and other healthcare providers. Begin transitioning this responsibility of communicating with other providers to the students as soon as you are confident in their abilities.

Ground rules for patient care-Clearly communicate your expectations for what you want the student to do independently versus with your supervision/assist. For example, expecting the student to have reviewed charts independently, but wait to initiate any contact with the patient until after meeting with the CI, or review the chart and complete a subjective interview before reporting to the CI, or CI needs to be present for the interview, etc. Depending on your setting, the acuity or types of patients you are working with, and the skill level of the student, this could vary a great deal. Also meeting payer requirements such as Medicare can have significant implications in certain settings, e.g. OP environment. (See Medicare student supervision guidelines at http://www.apta.org/Payment/Medicare/Supervision)

Scheduling procedures-Orient the students to the methodology for adding new patients to the schedule and what their responsibilities will be in regards to scheduling. Starting with a shared caseload in the first few days allows students to get oriented to the procedures specific to your site as well as your methodology and expectations for how a new patient is examined and evaluated. Begin assigning responsibility for various aspects of managing patients such as which student will perform the patient interview, who will do which aspects of the patient exam, who will complete the documentation, etc. At the end of day one, give the students the tools and responsibility to review charts and be ready to update you on their assigned patients by a given time the next morning. Begin planning for individual and shared responsibility for the caseload (which student will be the lead on which patients) by assisting students with determining how the caseload should be shared. Frequently discuss your plans for developing each student into autonomous practitioners via modeling of the skills needed to function in your environment. Set up a routine time for team planning as well as routine individual feedback time. It is best to start out with daily team and individual meeting times and then shift these as needed (more frequently or less frequently).
**Documentation expectations** - Orient both students to the documentation system by showing them your completed work and pointing out important aspects (terminology, format, timeframes, etc). Begin assigning students to take notes as they observe beginning with the very first patient you work with together. By the second or third day, have one student writing up a note while you spend individual time with the other student assessing the second student’s ability to take a history or perform hands on skills with another patient.

**Balancing your time/attention with multiple students** - It is important to determine a method for even distribution of time/attention between the students. Issues such as individual personalities or characteristics will have a tendency to unbalance the team if you do not set up a “protocol” or method to assure balance. A method of alternating student responsibilities works well initially. Typically, the differences in student approaches, processing times, confidence levels, etc. will become apparent within the first 1-2 days. Using a tool to explore learning styles and discussing this as a team will help you get started with a common language and begin to set up systems that assure accountability and balance. Start using the individual weekly goal setting forms to assist the team in making decisions about patient assignments, skills to focus on, and learning opportunities to seek out. Good record keeping in regards to the individual students will be important! Start individual folders with copies of weekly goals and any notes regarding areas of improvement needed or areas of exceptional performance. This will greatly enhance your efficiency when it is time for the formal mid-term and final CPI evaluation of the student performance.

**Tips for utilizing “Downtime”**

1) Chart review for upcoming patient examination or re-assessment. Can include review of radiology films if available or pharmacological review.
2) Peer review of other students documentation, treatment plan, exercise program, or discharge recommendations. Can meet as a group to discuss findings.
3) Assign both students a skill to practice on each other (i.e.- manual techniques, transfers, therapeutic exercise.
4) Research for in-service.
5) Research a topic to discuss with CI
6) Critically Appraised Topic - have students develop clinical questions regarding a patient, find related article and write a brief description of the article including type of study, patient population, level of evidence, and clinical bottom line. These are great to share with both the other students and the staff.
7) Observe other professionals if available (OT, SLP, RT, MD etc..)
8) If you are attending a meeting have the student come with you and observe the administrative process if appropriate- (i.e.- planning meetings, program development etc.)
9) Research a piece of equipment for department- find vendors, get price quotes, research best product etc..)
10) Attend available presentations outside the Physical Therapy department- (grand rounds, M and M, social work rounds, nursing rounds
What to do when there are “issues”-NOTE: contact the ACCE at the first hint of any “issue” in order to get a different perspective and early suggestions for how to move forward in assessing the situation.

Publications and anecdotal evidence indicates that there are typically 3 general categories of problems that may arise when working in a collaborative model:

1) Student compatibility & competition-this is most frequently mentioned as a possibility rather than a reality, however, since this is a very common concern for the student, it is helpful to address this early on in the experience. As previously mentioned, utilizing a learning style inventory or some method to discuss preferred learning patterns and communication styles during the orientation is a good time to explore this topic as a group. As the team facilitator, your role is to model collegial interactions and provide the framework for developing teamwork skills if these are not already well-developed. One aspect of compatibility that is frequently mentioned is the concern about students being at “different levels”, meaning either academically, such as a first internship student matched with a student on their second or final internship, or in terms of skill level, i.e., the need for varying levels of guidance and supervision. This situation can occur even when students are at the same level academically, so the challenge is for the clinical instructor to recognize the varying levels of ability and coach the students to each play to their strengths and to develop their individual leadership and teaching skills, etc. through the interaction with their peer. Providing opportunities for students to learn from each other is a major tenet of this model, therefore providing the structure for this to occur is the responsibility of the clinical instructor. Providing individual feedback to the student regarding their performance is also important. NEVER discuss one student’s performance privately with the other student. This sets a bad precedence for modeling professionalism. If a student brings up issues regarding the other student, be sure to redirect this student to discuss his/her own learning experience and to frame the discussion in terms of what is impacting or interfering with this student’s experience.

Having a collection of articles or books on topics such as effective healthcare teamwork, communication, conflict management, time management, negotiation, decision making, and leadership skills available to assign readings and further discussion is helpful for those times when you see signs of competition or a lack of teamwork. Having a common language that the team can use to discuss these topics is helpful especially for reinforcing the development of skills. For example, using Covey’s “Seven Habits of Highly Effective People” to discuss the four quadrants of time management and identifying certain activities as “urgent, but not important” or “not urgent, but important” may be helpful with learning how to prioritize the student’s daily schedule or even within a treatment session. Consider utilizing information about healthcare teams such as:

3) [http://www.biomedcentral.com/1472-6963/7/17](http://www.biomedcentral.com/1472-6963/7/17)

2) Inadequate supervision or lack of adequate caseload-While these problems can arise using any model of clinical education, the
presence of a collaborative model seems to exacerbate these types of situations. The lack of adequate supervision may be perceived or real, but in either case, the student(s) are hesitant to express this. It is possible that students who are performing well and are able to begin independently managing patients quickly may get the impression that they are not getting the exposure to the expertise of the clinical instructor they were expecting. This situation may also occur when one student requires more supervision and guidance that the other student. The best way to assess the perceptions of the students is to provide regular, consistent opportunities for individual and group processing for two way feedback about how the learning experience is progressing. Also, utilizing weekly written self-assessments and goal setting to stimulate the student to document what they want to achieve as well as what they feel they need in order to achieve their goals. (See Sample weekly goal setting).

In the true collaborative model, the whole team should be well versed on ALL patients regardless of who has primary responsibility for managing the patient. You should avoid the scenario in which individual students are assigned separate caseloads to manage to avoid becoming a group of individuals managing patients rather than a collaborative team managing patients. Low caseloads can occur due to a variety of factors (as with any model of clinical education), therefore utilizing the weekly goals to identify other learning opportunities for these situations is critical.

3) Increased clinical instructor stress- This final category also tends to be most commonly reported as an expectation prior to the experience. Depending on the skills of the clinical instructor and the combination of possibilities mentioned above, you may be presently surprised with a decrease in stress. However, there may be situations that invoke increased stress on the part of the clinical instructor. Specifically, dealing with increased paperwork related to documenting the performance of two students has been most commonly reported. Using the weekly goal setting forms, having separate folders to document each individual student’s areas of strength and improvements needed will help to simplify the mid-term and final documentation. Setting up effective scheduling systems early on and constantly using collaborative assessment and feedback to improve processes are key to stress prevention. Having students document their schedule and plans each afternoon or evening for the next day so that you can efficiently review their ideas and then ask specific questions when the rationale is not clear is another method to assist with effective time management on a daily basis. (see treatment grid)

In all situations, contact the ACCE/DCE earlier rather than later to help you problem-solve and choose strategies to deal with the “issue”. In some situations, the best outcome will be the step back and punt to the 1:1 model!
## Weekly Feedback and Goal Setting

**Dates:** ___________________________  
**Week #:** ___________

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In all areas consider the CPI 5 performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

**Student signature:_____________________________**

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**CI signature:________________________________**

In all areas consider the CPI 5 performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

**SAMPLE DAY #2**
- 8:00 Review schedule
- 8:15 Discuss any questions re: expectations
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**SAMPLE DAY #3**
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**Weekly feedback and goal setting**
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<th>Time</th>
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<th>Primary Problems</th>
<th>Planned Intervention</th>
<th>Rationale</th>
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Student Name_________________________________________  Date______________
Weekly Planning (For CI use only)
Week #
Dates:

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Reference List
Currens, JB. Physiotherapy Sept 2003, 89(9) 540-44 The 2:1 Clinical Placement Model: REVIEW


Nemshick MT; Shepard KF; Physical Therapy, 1996 Sep; 76 (9): 968-84 Physical therapy clinical education in a 2:1 student-instructor education model including commentary by Ladyshewsky with author response