



Improving Student Learning by Implementing the Collaborative Teaching Model



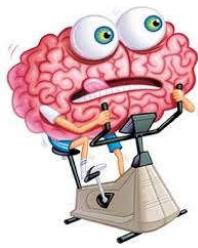
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Objectives

- Present the collaborative model of student education
 - Rationale
 - Theoretical foundation
- Planning and preparation tools, strategies and logistical considerations.
- Consider benefits and challenges of being part of a collaborative placement.
- Problem solve and troubleshoot potential challenges.



Brain-teaser



What is a collaborative model of a clinical placement?

- Collaboration in this context is a **reciprocal process** where two or more people work together toward a **common goal**.³
- Concepts of **cooperative relationships** define the difference between collaborative learning and simply putting students in groups to learn.¹



Collaboration



Adult Learning theory¹

- Human mental functions and accomplishments have their origin in social relationships
- Learning: individuals exchanges ideas
- Clinical Instructor (CI) ≠ expert
- Students work together toward a common goals and learn from each other



Basic conditions of a collaborative learning environment²

- Positive interdependence
- Face-to-face interaction
- Individual accountability
- Cooperative skills
- Group processing



Why collaborate?

- Current demands of clinical placements
- Evolvement of student learning
- Interactive platform
- Teambuilding skills development
- Increase the pool of knowledge



Traditional	Collaborative
Competitive	Cooperative
Clinical Instructor (CI) is expert	Clinical Instructor is co-learner in group
CI is in control of time and response	Group membership shares timing and response
CI is in control of content, transfers knowledge to student	Group decides content and sequence, knowledge is jointly constructed and modified by group process
CI establishes learning structure	Group shares responsibility for structure
CI is autonomous	Group is interdependent / share individual roles
Students are passive learners	Students are active learners
Students work independently, little interaction, impersonal transaction among students	Prolonged interaction, oral rehearsal of material being studied, peer tutoring / learning and general support
Predictable learning objectives	Objectives formed by group



Types of collaborative model ^{4,5}

- 2:1: 2 students – 1 Clinical Instructor
- 3:1 : 3 students – 1 Clinical Instructor
- 4:1 : 4 students – 1 Clinical Instructor
- PT-PTA student / OT-OTA student
- 1st year-3rd year student
- Pairing up students from different programs



Stakeholder preparation is essential



Learning styles



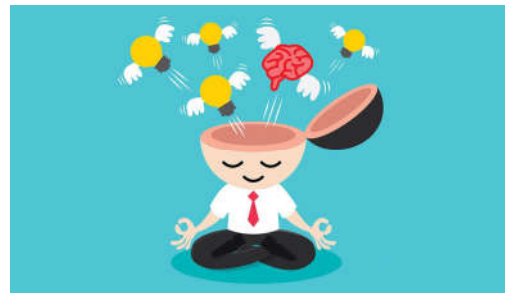
Necessary given collaborative learning is based on adult learning theory.



What Is My Learning Style?



Benefits / challenges brainstorm



Benefits

- 2 heads are better than 1
- Support: filling the gaps
- Clinical Instructor = Facilitator
- Enhancement of cognitive and practical learning



Challenges

- Space
- Productivity
- Organization
- Compatibility of students
- Competition



Clinical Instructor

- Advance planning
 - Orientation
 - Caseload delegation
 - Learning activities
 - Reflection
 - Feedback
- Do not rely on teaching techniques used in a traditional model
- Use coaching, facilitating, mentoring, role modelling



Clinical Instructor Preparation

- Get to know your team
- Set **expectations**
- Create a **schedule**
- Strategies for feedback: 1 minute preceptor
- Learn to **facilitate** rather than teach
- Communicate benefits of team approach to patients



Director of Clinical Education ⁶

- Provide information to site
 - Readings, model description, underlying theory, suggestions re: learning objectives, sample objectives
- Manage the application process
 - Faculty recommendations, interview, student evaluation of learning style
- Monitor progress
- Maintain contact with student and site
 - Problem solving, resources, support connections



Center Coordinator for Clinical Education

- Provide information to student
 - Onboarding requirements, preparation materials
- Inform student
- Maintain relationship with academic program
- Maintain contact with student throughout clinical placement to provide support as needed



Student Preparation

- Develop team profile
- Outline individual and group strengths and weaknesses
- Determine learning style preferences
- Address apprehensions
- Set goals
- Learn communication strategies such as SBAR



Student Learning Plan

- Gives responsibility to the student for their own learning
 - objective, resources, strategies, evidence
- Referred to consistently throughout placement
- Must align with APTA and institutional competencies



Sample Learning Plan

Objective	Resources	Strategies	Evidence
Perform evaluation	Goniometer, reflex hammer, gait belt, tape measure	Identify flow of evaluation, questions to cover, tests and measurements	Evaluation successfully completed with a preliminary diagnosis, patient education and initial home program



FEEDBACK IS CRITICAL



Logistics

- Schedule
- Planned discussions:
 - Prior to seeing patient: SBAR
 - After seeing patient: 1 minute preceptor




Student roles

- Leader
- Assistant
- Observer
- Note taker





Sample schedule

	Orientation and introduction	Chart review and patient care	Chart review and patient care	Chart review and patient care	Chart review and patient care
	Complete Student Learning plan	Patient care	Patient care	Patient care	Patient care
	Chart review and patient care	Feedback and self-reflection	Feedback and self-reflection	Feedback and self-reflection	Feedback and self-reflection
	Self-reflection and feedback	Learning activity	Review student learning plan and set new goals as needed	Patient care and documentation	Patient care and documentation
	Lunch	Lunch	Lunch	Lunch	Lunch
	Chart review and patient care	Chart review and patient care	Chart review and patient care	Chart review and patient care	Chart review and patient care
	Patient care	Patient care	Patient care	Patient care	Patient care
	Documentation	Documentation	Documentation	Documentation	Documentation
	Feedback and review day 1	Feedback and review day 2	Feedback and review day 3	Feedback and review day 4	Feedback and review day 5
	Expectations for day 2	Expectations for day 3	Expectations for day 4	Expectations for day 5	Evaluation




Troubleshooting

- Team dynamics
- Individual performance issues





Success of collaborative model

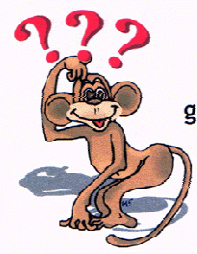


Required elements:


- Preparation by Clinical Instructor
- Preparation and team building by students under Supervision of school
- Open mind
- Adaptability
- Organization
- Have a back up plan



Questions?



Questions are guaranteed in life; Answers aren't.



Thank you for collaborating!




References

1. Cohn, E. S., Dooley, N. R., & Simmons, L. A. (2002). Collaborative learning applied to fieldwork education. *Occupational therapy in health care*, 15(1-2), 69-83.
2. Johnson D.W & Johnson R.T (1990). Learning together and alone: Cooperative, competitive and individualistic learning. Boston: Allyn and Bacon.
3. Flood, B., Haslam, L., & Hocking, C. (2010). Implementing a collaborative model of student supervision in New Zealand: Enhancing therapist and student experiences. *New Zealand Journal of Occupational Therapy*, 57(1), 22-26.
4. Martin, M., Morris, J., Moore, A., Sadlo, G. & Crouch, V. (2004) Evaluating practice education models in occupational therapy: comparing 1:1, 2:1 and 3:1 placements.
5. Moore, A., Morris, J., Crouch, V. and Martin, M. (2003) Evaluation of physiotherapy clinical education models: comparing 1:1, 2:1 and 3:1 placements.
6. Hanson, D. & Deluiliis, E. (2015) The collaborative model of fieldwork education: A blueprint for group supervision of students

