Student Empowerment Using a Collaborative Model in Level II Fieldwork Education

Professional growth is enhanced when students are held accountable for self-directed learning in a collaborative model for fieldwork education. Collaborative learning is a form of indirect teaching in which the educator states problems and organizes students to solve the problems in peer groups (Cohn, Dooley & Simmons, 2002). When applied in Level II fieldwork education, a collaborative model is defined as one fieldwork educator working with two or more students (Hanson, 2011). The collaborative model allows the fieldwork educator to move away from teaching methods that place students in the role of passive observer and move toward student empowerment through facilitating, coaching, and mentoring relationships (Hanson & Deiuliis, 2015).

Collaborative models offer numerous benefits to both the student and fieldwork educator. Collaborative models reduce student dependence on the fieldwork educator for clinical answers by facilitating peer collaboration and promoting independent learning. Students develop teamwork skills, cooperative problem-solving skills, and improve critical thinking under the guidance of a fieldwork educator (Rindflesch et al., 2008). Students note several advantages of learning in a collaborative model including autonomy with workload, value of having a peer as a support system and benefit of building relationships with fellow therapists on a rehabilitation team (Bollmann & Oldenburg, 2017). Students and fieldwork educators both reported student achievement of self-confidence and clinical competence much earlier than expected with the presence of a peer (Kinsella & Piersol, 2018).

Occupational therapists may hesitate to implement fieldwork experiences using a collaborative model due to various anticipated challenges. These perceived challenges may
include fear of increasing workload demands and the potential negative impact on productivity. However, Rindflesch et al. (2008) reported the Mayo Collaborative Model of Clinical Education (MCMCE) averaged two times greater productivity as a result of using a collaborative model. Bollman and Oldenberg (2017) of the MCMCE recommend that fieldwork educators can manage the demands of a collaborative model by intentionally creating and organizing learning materials in advance, understanding student supervision laws, and preparing to accommodate students with varied learning styles. Sustaining a successful collaborative model requires the fieldwork site’s higher administration to not only support the process, but also to cultivate a strong relationship between the site and AFC.

Another perceived challenge put forth by occupational therapists includes difficulty providing equal support to two students simultaneously as well as handling student competition or incompatibility. Likewise, students may be hesitant to share a fieldwork educator’s attention with a peer (Kinsella and Piersol, 2018). Several strategies to streamline effective communication between all involved parties can be used to promote positive group dynamics and equal attention among team members. To address these concerns, fieldwork educators should clearly outline individual and team expectations and consider using a teambuilding activity during orientation. Educators should schedule both individual and team meetings on a regular basis. These meetings should be used to discuss the quality of supervision, identify strengths and growth areas, and review perceived progress toward learning goals. Educators should provide learning opportunities and design student projects that embrace both individual and team contributions to facilitate connection and comradery.
Educators should conduct midterm and final evaluations with each student separately in order to ensure feedback is kept confidential and is customized to meet each student’s unique needs.

Another perceived challenge of using a collaborative model is the limitation imposed by supervision guidelines specific to insurance requirements. For example, in outpatient rehabilitation, for clients with Medicare Part B insurance, “students can participate in the delivery of services when the qualified practitioner (OT) is directing the service, making the skilled judgment, responsible for the assessment and treatment in the same room as the student, and not simultaneously treating another patient” (AOTA, 2018). An OT practitioner may argue that since concurrent sessions are not possible due to insurance supervision guidelines and you will always supervise two students at a given time, the students will never know what it feels like to carry a full caseload. While that’s technically true, consider how the quality of treatment planning and implementation will be enhanced by this circumstance. Since students will have additional time for preparation, consider how that valuable time can be spent on exploring resources to generate better client-centered, occupation-based treatment ideas. Perhaps they can use their time to search and utilize evidence from published research and relevant sources to make informed intervention decisions (AOTA, 2002). Imagine how allowing a student adequate time to self-reflect on their performance and debrief with their mentor immediately after a session can enhance their professional growth.

Now that the benefits and perceived challenges have been addressed, how do you implement a collaborative model? Fieldwork educators should develop a structured and comprehensive orientation, provide clear weekly expectations, organize the anticipated workload carefully, create and schedule learning activities, and plan for delivery of time
sensitive feedback in an appropriate environment. Many of these recommendations are characteristic of any student fieldwork program. However, in a collaborative model, the careful organization of the workload includes the pairing of clients on caseload with each student’s unique skill set. When matching students with clients on a caseload, consider the student’s previous and future fieldwork experiences, strengths and growth areas. Careful organization also consists of ensuring an equal number and diverse clientele among students, additionally, allowing students to “co-treat” for more complex cases. It is important to negotiate what tasks should be completed jointly vs. individually in advance. Consider that there may be opportunities where one student can grow in their skill set by engaging in the other student’s session without serving as the primary student therapist. Several deliberate learning activities can be incorporated into a collaborative model including written treatment plans, evidence-based practice summaries, in-depth case presentation, an in-service activity, interdisciplinary team member observation, or participation in research studies. Thoughtful consideration of how, when and in what context constructive feedback will be delivered to each student is crucial.

Bollman and Oldenburg (2017), two clinical education coordinators from the Mayo Collaborative Model of Clinical Education, support that the benefits of implementing a collaborative model far outweigh the challenges. Collaborative models empower students to take responsibility for translating what they have learned in their academic coursework in to practice without dependence on their fieldwork educator, yet alongside a peer. Collaborative models foster student development of skills essential to enter the field of occupational therapy as an entry-level practitioner.


Cohn, E., Dooley, N. R., & Simmons, L. (2002). Collaborative Learning Applied to Fieldwork Education. *Occupational Therapy In Health Care, 15*(1), 69-83. doi:10.1300/j003v15n01_08


