

Student Empowerment Using a Collaborative Model in Level II Fieldwork Education

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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. These 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 report 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 offer fieldwork experience 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 manage the demands of a collaborative model by understanding student supervision laws, accommodating students with varied learning styles and preparing site-specific learning material in advance. To sustain a collaborative model for fieldwork education, the fieldwork site's higher administration must support the process and commit to building a strong relationship with the academic fieldwork coordinator (AFWC).

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 & Piersol, 2018). 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 does a fieldwork educator implement a collaborative model? Fieldwork educators should develop a structured and comprehensive orientation, provide clear weekly expectations, organize the anticipated caseload carefully, create and schedule learning activities, and plan for delivery of

time sensitive feedback in an appropriate environment. Thoughtful consideration of how, when and in what context constructive feedback will be delivered to each student is crucial. Many of these recommendations may seem characteristic of any student fieldwork program. However, in a collaborative model, the careful organization of the caseload is especially important. When matching students with clients on a caseload, consider the student's previous and future fieldwork experiences, strengths and growth areas. The students will be served best by having a similar number of clients and by exposure to clients with diverse conditions. Allowing the students to "co-treat" clients with complex conditions will enhance student learning and increase client safety. It is imperative to negotiate what clinical tasks are acceptable to be completed jointly vs. individually far in advance. Consider 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 activities can be incorporated into a collaborative model to maximize student learning including written treatment plans, evidence-based practice summaries, case presentations, in-services, interdisciplinary team member collaboration, and participation in research studies.

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 fieldwork students to take responsibility for translating what they have learned in their academic coursework into practice without dependence on their fieldwork educator, yet alongside a peer. Collaborative models for fieldwork education foster student development of skills essential to enter the field of occupational therapy.

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