Collaborative Model of Clinical Education

Toolkit and Resource Handbook:

**Workbook and Toolkit**

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**Introduction**

Collaborative models in clinical education are beginning to emerge in physical therapy. The success of a collaborative model requires a team approach between the universities, clinical site and students. We thank you for your interest in the collaborative model and provide you with this toolkit as a resource to support the integration of the collaborative model as part of your clinical education program. This toolkit is designed for use in partnership with academic program support.

**What is a Collaborative Learning Model?**

In clinical education, a collaborative model is defined as 2 or more students working together under the supervision of one primary clinical instructor1. Due to the uniqueness of each clinical setting, variations within this model may exist. In a systematic review by Lekkas et al1, 2 it was reported that there is inconclusive evidence supporting one clinical education model over other models utilized in entry-level programs. Interestingly, utilizing either traditional or collaborative models for clinical education does not have adverse effects on patient care productivity.3 In fact, the research supports positive outcomes on clinical instructor (CI) increased productivity during the time the CI is actively mentoring students.4 Strohschein et al 5 reported the collaborative model is effective for student learning and can be best achieved when the CI delegates their patient care to students while the CI dedicates their time to fostering clinical learning to each student. Additionally, DeClute and Ladyshewshy 6studied collaborative models and determined greater student performance were reflected in clinical competency evaluations using this model when compared to the traditional 1: 1 model. The authors suggested the benefits of a collaborative model include a higher level of clinical performance by students which may have been due to student peer collaboration that fosters problem-solving, higher standards of practice and clinical instructor satisfaction. The key to success for collaborative models is education, planning, communication and resources.7 This toolkit has been designed to serve as a resource to help guide clinical sites, the university and students throughout the clinical experience. We welcome your feedback and look forward to working with you as you develop a collaborative model that best fits your organization. We would like to thank all of the leaders and authors who contributed to the development of this tool and are listed in the reference section of this toolkit.

**Activity #1**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Pre-Experience** | **During Experience** | **End of Experience** |
| **SCCE** |  |  |  |
| **Clinical Instructor** |  |  |  |
| **Academic Program** |  |  |  |
| **Student** |  |  |  |

**Collaborative Clinical Education Model: 2 to 1**

**Clinical Instructor Checklist (optional organizational tool for implementation of the 2:1 model)**

|  |
| --- |
| **Pre-Planning for 2:1 Experience** |

☐Meet with SCCE to discuss schedule, caseloads and expectations/concerns

☐ Review the collaborative model toolkit and resource handbook

☐ Communicate with academic partner to discuss expectations and support

|  |
| --- |
| **Pre-Experience** |

 ☐ Communicate with students in advance discuss expectations/format using 2:1 model

☐ Plan a general schedule for the first week

|  |
| --- |
| **During Experience (Ongoing Activities)** |

 ☐ Participate in student orientation Day 1-include expectations, team work, peer to peer learning

☐ Create a list of opportunities for individual and peer learning

☐ Schedule time for team huddles/feedback and individual feedback (consistent schedule if able)

☐ Set aside time for 2 CPIs for midterm and final (completion and meeting individual meetings)

☐ Schedule time for midterm visit with academic partner (usually academic partner initiates)

☐ Set-up learning opportunities for students to observe (if appropriate)

|  |
| --- |
| **Post-Experience** |

 ☐ Post experience debrief with SCCE and academic partner (what went well, what would you change for next time)

☐ Make modifications for future 2:1 clinical experiences (academic support as needed)

**Collaborative Clinical Education Model: 2 to 1**

**SCCE Checklist (optional organizational tool for implementation of the 2:1 model)**

|  |
| --- |
| **Pre-Planning and Model Design** |

☐Meet with partnering academic university to discuss the 2:1 model

☐ Design a plan for the 2:1 model (academic partner assist) for your clinical practice

☐ Meet with administration to explain and ensure 2:1 model can be supported

☐ Introduce the 2:1 model with clinical instructors/team (allow for Q+A)

☐ Provide education on the 2:1 model (academic partner may assist) and peer to peer learning with clinical instructors/team

☐ Identify clinical instructors to teach using the 2:1 model

☐ Identify timeframes for a clinical rotation to include the 2:1 model

☐ Contact the academic partner with approved rotation

|  |
| --- |
| **Pre-Experience** |

 ☐ Collaborate with academic partner to proceed with student matching system

☐ Create an orientation process for CI’s and students (academic partner assist)

☐ Communication onboarding information to school and student

☐ Provide second student’s contact information to academic partner and student if approp.

|  |
| --- |
| **During Experience (Ongoing Activities)** |

 ☐ Schedule (brief) periodic check-in with clinical instructor

☐ Schedule (brief) periodic check-in with each student

|  |
| --- |
| **Post-Experience** |

 ☐ Post experience debrief with CI and academic partner (what went well, what would you change for next time)

☐ Make modifications for future 2:1 clinical experiences (academic support as needed)

**Setting the stage**

Studies show that orienting students to the clinical environment and providing expectations correlates with positive student/CI outcomes. In a study conducted on nursing students, McCoy MA, et al8 reported students that receive an orientation gain a sense of security and belongingness within their clinical practice setting, thereby improving interpersonal relationships and communication.

**Pre-Clinical Orientation/Onboarding**

Prior to the arrival of the students and the start of the clinical experience, clear communication from the University, the clinical site, and the students is important. The timeline of communications may vary based on your clinical site’s procedures, as well as University expectations.

Day 1 Orientation

**1. Think about what your site does well for student orientation currently? What could be improved? What aspects of orientation at your site might need to be unique to a 2:1 student orientation? What resources do you need to implement or modify your student orientation program?**

**2. List activities, if any, does your site do in preparation for a student’s arrival? What do you envision changing if it was a 2:1 model?**

**3. How might the first few days of a 2:1 clinical experience be structured to continue the orientation process? Consider how you might establish a culture of peer-to-peer learning before/during/after patient encounters; how much time students will work together vs. individually; how you will determine caseload.**

**Pre-Clinical Orientation**

Prior to the arrival of the students and the start of the clinical experience, clear communication from the University, the clinical site, and the students is important. The timeline of communications may vary based on your clinical site’s procedures, as well as University expectations. The following are suggested activities and communications that may occur prior to the start of the clinical.

|  |  |  |
| --- | --- | --- |
|   | Communications | Activities |
| University  | Student names and contact information sent to site several months ahead of experiences  | Training with SCCE and CIs participating in collaborative model several months ahead of experiences |
|  | Students send individual information and introductory letter outlining individual and collaborative learning goals for experience | Resource toolkit is provided around time of training |
|  | Program contacts SCCE and CI just prior to start of rotation:* Answer final questions
* Offer support as needed
* Recommend timeline for University-site communications during CE
 | Student preparation for collaborative model occurs during on-campus prep sessions and/or meetings. Topics may include:* Benefits and challenges of 2:1
* Student, team, CI/SCCE expectations
 |
| Clinical Site | SCCE contacts students via email to confirm 2:1 model and provide on-boarding information. Information unique to 2:1 model might include:* Patient caseload mix if differences between students
* Second student’s contact information (if student from different university)
 | SCCE meets with CI(s) to discuss schedules:Patient schedulesTeaching time (individual and team meetings) SCCE and CI discuss any potential challenges and create possible solutions or alternatives    |

**Day 1: Introductions** **and orientation**

Orientation will have similarities to orientation for students that are not participating in the collaborative model. General orientation might include:

* Introductions to clinical staff, other students, interdisciplinary team members, etc.
* Review of facility or clinic services
* Review of facility or clinic policies and procedures
* Introduction to documentation (e.g. EMR) and billing procedures
* General review of expectations:
	+ Professional behaviors
	+ Assessment procedures (e.g. CPI)
	+ Use of weekly planning and reflection forms to document individual student learning/goals as well as team learning needs

The collaborative model brings additional expectations of the students and the CI with regards to professional behaviors, teaching strategies, and goal setting. It is important to begin the experience reviewing these expectations with the students and answering any questions students may have about the structure and progression of the experience. Discussion should emphasize the importance and benefit of collaborative learning and the expectation that students will engage in peer-to-peer learning THROUGHOUT the experience, and not just at the beginning of the clinical. Additional content that may be discussed may include:

* Student expectations regarding team-based learning
* Identifying team goals- daily and weekly
* Peer-to-peer teaching and learning
* Peer feedback
* Professional behaviors: collaboration vs. competition; respectful communication
* Discussion of potential teaching strategies to facilitate individual and team learning:
	+ Assignment of individual and shared patient caseload
	+ Team projects: mini-rounds, in-services, journal clubs
	+ Encouraging peer-to-peer feedback and reflection
	+ Collaborative learning during down-time

**Orientation Checklist Collaborative Clinical Education Model: 2 to 1**

☐ Letter is sent to student(s) including clinical site information, student responsibilities, and learning style inventory. Copy of the letter is in the student file.

☐ Meet with SCCE to discuss schedule, caseloads and expectations/concerns

☐ First Day of Clinical Experience : Tour of Site

☐ Orientation to clinic: general review of equipment, supplies, and workspace

☐ Assign personal/professional space use areas

☐ Emergency procedures of the clinical site/hospital reviewed

☐ Student Clinical Education Manual is shown to the student Discussion of Learning

☐ Conflict Resolution Procedures

☐ Objectives and Responsibilities Reviewed

☐ Learning Objectives: Program objectives (CPI/Blue Macs/Alternative tool)

☐ Clinic objectives (See handbook put together by clinic)

☐ Student Scheduling procedures: sick time, snow days, personal days off

☐ Documentation: written/dictation; initial/daily/discharge procedures

☐ Billing procedures/insurance authorization procedures

☐ Required Clinical Education Forms

☐ Meetings: Weekly meeting with CI, Weekly staff meeting, team meetings, etc

☐ Required Staff Presentation/Project Requirements

 The above information has been explained to me and I agree to comply with the requirements of the clinical site.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

SCCE Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

 \*APTA document. 2018 SCCE Manual Final. <http://aptaeducation.org/pdfs/2018%20SCCE%20Manual%20FINAL%5B2%5D.pdf>

**Day 1 Strategies for managing your schedule and teaching**

Depending on the level of the students (first, intermediate, final clinical experience), the students may observe the CI initially, or begin co-treating patients alongside CI. The clinical instructor is encouraged to facilitate peer-to-peer interaction and collaboration during the initial patient encounters. Students can be encouraged to debrief together following the first encounter to set a goal for team learning. Discussion may include what they observed during session and how they envision the collaborative model to work. The CI can then meet with the students to review their plan and set the schedule for the remainder of the week.

**First week Strategies for managing your schedule and teaching:**

* CI creates a schedule for patient care (with or without the team) assigning students to individual patient care and collaborative patient care.
	+ May include new patient examination/evaluation or follow-up visits for patient care.
	+ CI determines students’ level of patient engagement (observation, shared CI/student in patient care, individual student leads encounter with CI available to assist as needed)
	+ Students determine how they will collaborate during new evaluations (depending on student’s prior exposure to clinical experiences). Dividing roles and responsibilities and writing out key questions for patient history and review with CI. Students can repeat this process for the objective portion of the examination and/or work with the CI.
	+ New patient cases, students collaborate on diagnosis, prognosis, intervention and outcomes. CI reviews students work and discussion on next steps and division of responsibilities is created
* CI provides individual and/or collaborative teaching depending on caseload and student’s prior exposure to clinical experiences.
* End of week, students reflect on the week. Discuss how the week went and decide on what revisions will be made to optimize individual and team learning.
* Students set goals for forth coming week (individual and team)
* CI reviews goals
* University should contact the CI and the students at the end of the first week to check-in and offer support/resources

**Structuring the Experience: From Week 1 through Midterm**

**Consider how you might structure your time (daily, weekly, within patient encounters, etc) around the following activities and aspects of a 2:1 experience in the first half of the clinical experience.**

|  |  |
| --- | --- |
|  | **Suggestions for Structure** |
| **Caseload Management** | * Student caseloads increase based on patient census and level of clinical experience
* CI and students determine which patients are placed on individual caseloads and which patients may provide collaborative learning opportunities
* Students participate in creating daily and weekly schedules as clinical progresses
 |
| **CI - Student** **Meetings** | * Individual CI-Student meetings are built into the weekly schedule to allow for feedback, individual goals, and plan for individual student progressions
* Team meetings with CI and both students also occur weekly to allow for peer-to-peer feedback, establishment of team learning goals
 |
| **Peer-to-Peer** **Learning** | * Students are encouraged to seek guidance and assistance from one another formally and informally
* CI sets designated times for students to meet together- SEPARATE FROM THE CI
* CI identifies patients that provide unique learning opportunities and schedules co-treatments and time for students to prepare for and document the encounter together.
 |
| **Midterm CPI Completion and Review** | * CPI may be completed during clinic time while students are treating known/simple patients, while students are documenting, collaborating on team project, etc.
* Tips for CPI completion:
	+ Make notes on each student throughout the experience- save weekly goal sheets, note individual strengths and weaknesses, etc.
	+ Access the CPI early. The CPI can be edited and revised up until the time of sign-off
	+ Make notes directly in the CPI under specific performance items. These notes can help the CI to remember individual student performance, successes, challenges, etc.
* Midterm meeting between CI and student: review the student’s progress and set-goals for second half of the rotation. CI/student can also discuss the collaborative model to ensure individual and team expectations are realistic and being met.
 |

**Structuring the Experience: From Midterm to Final**

**Consider how might you structure and organize the experience differently during the second half of the clinical experience.**

|  |  |
| --- | --- |
|  | **Suggestions for Structure** |
| **Caseload Management** | * As patient census permits, each student’s individual caseload should increase as determined through midterm discussions.
* CI **does not carry own** caseload but instead distributes patients between two students
* Responsibility for scheduling patients and designing/identifying learning opportunities shifts to the students
 |
| **CI – Student** **Meetings** | * Individual CI and student meetings continue on weekly basis
* Student should be taking initiative to identify areas for growth, learning needs, and collaborative learning opportunities
 |
| **Peer-to-Peer** **Learning** | * CI continues to allow time for students to meet separately from CI for sharing, debriefing, etc.
* Students are encouraged and expected to share goals with their peer and discuss how they can assist each other in attaining the goals.
* If an in-service is required by either the clinic or the University, consider whether it would be most beneficial to have students provide individual or collaborative in-service presentation
	+ Consider the learning needs of the students
	+ Consider the needs of the facility/clinical staff- what will benefit they benefit from most?
 |
| **Final CPI Review and end of experience** | * Last 2 weeks of the rotation, CI creates exit plans for the patients on student caseloads, planning for a seamless transition back to CI’s caseload (or other clinician) once students depart. Students are part of the discharge planning process
* CI prepares individualized final CPI and schedules final student meeting
* Final team meeting and reflection on the last days of student experiences
 |

**Teaching Strategies**

Consider how you might progress typical activities related to patient care from a very collaborative learning process to more individual responsibility of each student. What might be typical caseloads of the student team vs. each individual student? How might the progression of these activities look for students on early clinical experiences vs. later or final clinical experiences?

**Early Clinical Experiences**

|  |  |
| --- | --- |
| **Activity** | **Progression 🡪 🡪 🡪 🡪 🡪** |
| **Chart Reviews** |  |  |  |  |
| **Determining and performing tests and measures** |  |  |  |  |
| **Determining patient diagnosis and prognosis** |  |  |  |  |
| **Designing intervention strategies** |  |  |  |  |

**Caseload progression**

|  |  |  |  |
| --- | --- | --- | --- |
| **Week 1-2** | **Week 3-4** | **Week 5-6** | **Week 7-8** |
|  |  |  |  |
|  |  |  |  |

**Intermediate- Final Clinical Experiences**

|  |  |
| --- | --- |
| **Activity** | **Progression 🡪 🡪 🡪 🡪 🡪** |
| **Chart Reviews** |  |  |  |  |
| **Determining and performing tests and measures** |  |  |  |  |
| **Determining patient diagnosis and prognosis** |  |  |  |  |
| **Designing intervention strategies** |  |  |  |  |

**Caseload progression**

|  |  |  |  |
| --- | --- | --- | --- |
| **Week 1-2** | **Week 3-4** | **Week 5-6** | **Week 7-8** |
|  |  |  |  |
|  |  |  |  |

**Finding Success with the Collaborative Model**

Participating in the collaborative model can present some challenges with regards to structuring the experiencing, progressing the students, and balancing individual student needs with collaborative teaching. These challenges may be similar across settings and/or patient populations, but each clinical site may have unique barriers to overcome when considering the 2:1 model.

**Reflection and Brainstorming:**

**What general challenges do you see when considering teaching in the 2:1 model? What challenges might be unique to your facility, setting, or patient population?**

**Select one of the challenges you listed above. What are some ways you might address this situation? What resources might you need? What “players” would be involved?**

**Finding Success with Collaborative Model (Continued)**

**Some typical challenges that have been identified in the literature and in discussions with clinical instructors include:**

* Low Census
* Personality differences between students that affect collaborative learning
* Performance differences between students as the clinical experience progresses
* 2 CPI’s

**Consider each of these and brainstorm ideas on how you might address these situations. Consider the other situations and challenges that you identified above. Brainstorm ideas on how you might address each.**

**TOOLKIT**

**Roles and Responsibilities that may be unique to Collaborative Model Experiences**

|  |  |  |  |
| --- | --- | --- | --- |
|   | Pre-Experience | During Experience | End of Experience |
| SCCE | * Send out information to students
* Prepare CI- discuss teaching strategies, answer questions, etc.
* Prepare Staff/Site (i.e. scheduling, space)
* Communicate with program regarding CE expectations, questions, etc.
 | * Provide Orientation first day/week
* Perform periodic check-ins with CI
* Communicate with program as needed (challenges, questions, etc.)
 | * Gather feedback from CI
* Provide feedback to school
* Gather feedback from student (exit interview)
 |
| Clinical Instructor | * Gather information from students (i.e. learning styles, previous experience, etc.)
* Meet with SCCE about schedule, expectations
* Communicate directly with program re: CE expectations
* Plan patient schedule (if able) appropriately to accommodate students
* Plan schedule to include debriefing, feedback time with students
 | * Participate in student orientation
* Provide opportunities for individual and peer learning
* Recognize differences in students and tailor experience appropriately
* Meet with students to provide feedback
* Promote peer learning by providing opportunities for collaboration
 | * Provide individual feedback to each student- CPI review, overall performance during experience
* Meet with SCCE to discuss collaborative model experience- successes, challenges, changes for next time
* Communicate with academic program regarding experience- is there anything else program could do to support the clinical site, prepare students, etc?
 |
| Academic Program | * Match students appropriately to collaborative experiences
* Coordinate with clinical site to support collaborative model
* Prepare students for collaborative model
 | * Maintain open lines of communication with CI and students
* Be available for questions, support, etc. as needed
* Review CPIs at midterm and final

  | * Gather feedback from students regarding the experience
* Gather feedback from SCCE/CI regarding experience
* Modify processes for future clinical experiences
 |
| Student | * Select collaborative model experience if appropriate
* Prepare and send introductory information to site
* Review expectations of clinical experience and reflect on learning opportunities
 | * Seek out opportunities for individual and peer learning
* Recognize value of peer learning model
* Demonstrate professional behaviors consistently throughout experience
* Meet with CI to discuss individual performance, gather feedback

  | * Complete Site Evaluation Feedback form
* Provide feedback to DCE/Clin Ed team regarding learning experience- successes, challenges, etc. related to collaborative model
 |

**Suggested Teaching Strategies for Specific Student Levels**

 **Early Clinical Experiences**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Progression  |  |    |  |
| Chart Reviews | As a team (CI, students) | Students together without CI | Students complete individually, share with each other and CI | Students complete individually as per individual caseload |
| Determining and performing tests and measures | As a team (CI and students)- collaborative patient care | Students perform on patient together with CI assistance | Student performs individually on patient; 2nd student may observe, provide feedback; CI provides feedback | Students determine T/M and perform individually as per individual caseload |
| Determining patient diagnosis and prognosis | As a team with CI leading discussion | As a team with students leading discussion; CI answering questions as needed | Students determine diagnosis and prognosis individually; sharing with each other before asking for CI feedback | Students determine diagnosis and prognosis individually as per individual caseload |
| Designing intervention strategies | As a team with CI providing ideas and parameters | Students collaborate to determine intervention strategies for shared patients with CI providing guidance | Students individually design interventions, provide feedback to each other; CI serves as resource as needed | Students design intervention strategies individually as per individual caseload |

Caseload examples depending on each student’s ability and learning objectives for clinical rotation, clinical setting and patient census

|  |  |  |  |
| --- | --- | --- | --- |
| Week 1-2 | Week 3-4 | Week 5-6 | Week 7-8 |
| 1-2 patients each | 2-4 patients each | 4-6 patients each | 6-8 patients each |
| 2-4 patients as a team | 4-6 patients as a team | 2-4 patients as a team | 1-2 patients as a team |

**Intermediate – Final Clinical Experiences**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Progression  |   |    |
| New patient evaluations | Students co-evaluate and design POC together | One student takes lead on evaluation; 2nd student observes and takes lead on documentation | Students lead initial evaluations independently with CI supervision and document individually; CI engages students in collaborative learning/sharing of ideas |
| Returning patients/daily encounters | Students co-treat and co-document with CI assistance/supervision | Each student is assigned the “lead” on a patient encounter; 2nd student is assistant and leads documentation | Students individually lead patient encounters with CI supervision as needed; CI engages students in collaborative learning/sharing of ideas |
| Documentation | Students document together with CI assistance | Students alternate taking lead on documenting shared patients | Students individually complete documentation; CI engages students in collaborative learning- reviewing each other’s notes, providing feedback etc. |

Caseload examples depending on student’s ability and learning objectives for clinical rotation, clinical setting and patient census

|  |  |  |  |
| --- | --- | --- | --- |
| Week 1-4 | Week 4-8 | Week 8-12 | Week 12-16 |
| 2-4 patients each |  4-8 patients individual | 8-10 patients each | 10-12 patients each |
| 2-4 patients as a team | 2-4 patients as a team | 1-patient as a teamOr Case study | 1-patients as a teamOrCase study |

**Appendix 1:**

**Sample Collaborative Model Contract**

Collaborative Model Contract

A collaborative clinical education model is defined as 2 or more students working together under the supervision of one primary clinical instructor. I understand I will participate in a collaborative model throughout my clinical education experience at: NAME OF CLINICAL SITE.

The expectations of the collaborative model and expectations of this clinical experience have been discussed and I understand the expectations of myself, my fellow student colleague(s), my primary clinical instructor and the SCCE.

Student Signature Date

SCCE/CI Signature Date

**Appendix 2: Sample Weekly Reflection Sheet for Collaborative Model**

**Weekly Reflection and Feedback Form**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week # \_\_\_\_\_\_\_\_\_\_\_\_

1. **Areas Improved** – Over this past week, I have improved in the following areas:
	1.
2. **Areas for Future Growth** – Identified areas I will continue to develop during this clinical affiliation.
	1.
	2.
	3.
3. **Individual Goals for Next Week** – Measureable goals for the next week to address the targeted areas of future  growth, including specific action steps that will be taken in order to attain this goal.
	1.
	2.
	3.
4. **Team Activities for Next Week**- Learning activities or strategies to be performed with my student peer to facilitate learning, growth, etc.
	1.
	2.
	3.
5. **Feedback for my Clinical Instructor** – Identify beneficial ways your CI has facilitated your learning and what changes could be made in teaching and / or communication to support a more optimal clinical learning environment.
	1.
	2.
6. **Things that will facilitate my learning:**

|  |  |
| --- | --- |
|  | More supervision (interaction with me and patient during treatment session)  |
|  | Less supervision to allow me to experience more independently |
|  | More positive feedback |
|  | More constructive feedback |
|  | More feedback during treatment session |
|  | Feedback after the treatment session |
|  | More time to for collaboration and/or peer-to-peer learning with the 2nd student |
|  | More time for my CI to explain things to me |
|  | Additional learning experiences such as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |

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