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# The Collaborative Model of Fieldwork Education: A Blueprint for Group Supervision of Students

Debra J. Hanson<sup>1</sup> & Elizabeth D. DeJuliis<sup>2</sup>

<sup>1</sup>*Department of Occupational Therapy, School of Medicine and Health Sciences, University of North Dakota, Grand Forks, ND, USA,* <sup>2</sup>*Department of Occupational Therapy, Rangos School of Health Sciences, Duquesne University, Pittsburgh, PA, USA*

**ABSTRACT.** Historically, occupational therapists have used a traditional one-to-one approach to supervision on fieldwork. Due to the impact of managed care on health-care delivery systems, a dramatic increase in the number of students needing fieldwork placement, and the advantages of group learning, the collaborative supervision model has evolved as a strong alternative to an apprenticeship supervision approach. This article builds on the available research to address barriers to model use, applying theoretical foundations of collaborative supervision to practical considerations for academic fieldwork coordinators and fieldwork educators as they prepare for participation in group supervision of occupational therapy and occupational therapy assistant students on level II fieldwork.

**KEYWORDS.** Collaborative, Fieldwork education, Student supervision

## INTRODUCTION

The goal of level II fieldwork is “to develop competent, entry-level, generalist occupational therapists” (Accreditation Council for Occupational Therapy Education, 2011, p. 34). The question is how can the fieldwork educator (FWEd) make best use of available resources to accomplish this goal? Historically, the student learning process has been supported primarily through the use of an apprenticeship model, which is largely dependent on the skills, expertise, and modeling provided by the FWEd. The FWEd models clinical reasoning strategies, provides a focus for skills to be learned, while the student observes practises skills and performs tasks within an established occupational therapy role (Mulholland & Derdall, 2005). However, authors suggest that use of the traditional 1:1 placement model may reinforce student dependency on the FWEd, and impede student initiative for learning, problem-solving, and critical thinking (Copley & Nelson, 2012; Rindflesch et al., 2009; Thomas et al., 2005). This is of particular concern in the United States as

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Address correspondence to: Dr Elizabeth D. DeJuliis, Assistant Professor/Academic Fieldwork Coordinator, Department of Occupational Therapy, Rangos School of Health Sciences, Duquesne University, #221, 600 Forbes Avenue, Pittsburgh, PA 412-396-5411, USA (E-mail: [deijuliise@duq.edu](mailto:deijuliise@duq.edu)).

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FWEd s due to changes with managed healthcare delivery, expect to have less time for their educator role than in times past and higher expectations of their students (Vogel et al., 2004).

Alternatively, a number of studies have been published internationally regarding the value of the collaborative model of fieldwork supervision for helping students obtain the skills needed for working in a team-based healthcare environment (Baldry Currens & Bithell, 2003; Bartholomai & Fitzgerald, 2007; Farrow et al., 2000). Changes in curricular standards in the United States, including more emphasis on inter-professional learning and population-focused care, call for skills that extend beyond direct practice (Accreditation Council for Occupational Therapy Education, 2011). Skills in advocacy, education, and consultancy have foundations in the development and refinement of communication and teamwork skills (Inter-professional Education Collaborative Expert Panel, 2011). Writing from an international perspective, Martin et al. (2004) compared the value of student placement models used and concluded that the collaborative model was more supportive of adult learning principles commonly applied in occupational therapy education. For example, students may engage in active, self-directed peer learning through the influence of pedagogical approaches such as the flipped classroom model (Brame, 2013). It is not surprising that the collaborative approach to learning is also more reflective of students' learning preferences (Vogel et al., 2004).

The use of the collaborative model is not new to occupational therapy, yet the apprenticeship model is more commonly used. The limited use of the collaborative model in the profession of occupational therapy is possibly due to FWEd fears of the associated workload and lack of understanding of model use and benefits (Flood et al., 2010). Therapists have expressed concern that working with more than one student at a time would drastically increase their workload and that they would have difficulty attending to the learning needs of more than one student at a time (Baldry Currens & Bithell, 2003; Fisher & Salvin-Baden, 2002b; O'Connor et al., 2012). Moreover, incompatibility or student competition has been noted as a concern as well as the time required to prepare for the student's arrival (Fisher & Savin-Baden, 2002a). Lack of understanding and familiarity may be the biggest barrier to use. Most therapists were themselves supervised from the perspective of an apprenticeship model and may not consider an alternative supervision format.

To address these concerns, this paper will build on available research to apply the theoretical foundations of the collaborative model of fieldwork education to practical considerations for preparation, implementation, and evaluation of the model. The intention is to illustrate the model's distinguishing features and to create both a compelling argument and a blueprint for model use.

### ***THEORETICAL FOUNDATIONS OF THE COLLABORATIVE LEARNING MODEL***

Collaborative learning is heavily rooted in the social nature of learning of Vygotsky (1978), specifically in discussion of zones of proximal development. In a collaborative learning situation, the individuals involved capitalize on one another's resources and skills which might include asking one another for information, and evaluating one another's ideas or monitoring one another's work. Student owner-

ship for learning is central to the collaborative learning process. Drawing on the ideas developed by Knowles (1970), this model presumes that adult learners are able to be self-directed, identify their own learning needs, accumulate and use experiences and knowledge, reflect critically, and assume a goal oriented approach.

Johnson and Johnson (1990) identify five elements that must be present in a cooperative learning situation, including (1) positive interdependence; (2) individual and group accountability; (3) group interaction; (4) interpersonal and teamwork skills, and (5) group processing. Each of these elements can be addressed in the preparation, implementation, and outcome phase of the group learning experience. *Positive interdependence* is evident when group members have a commitment not only to their own success but to the benefits of others as well. *Individual and group accountability* is expected. The group must articulate clear goals and a system for measuring the group progress in achieving goals as well as the individual efforts of each member. *Group interactions* are encouraged as individuals support one another's learning efforts. For example, students might alternatively teach knowledge to peers, discuss concepts, or explain how to solve problems. *Interpersonal and teamwork* skills are encouraged as students not only learn the content or task but also learn skills in such areas as conflict management, communication, decision-making, leadership, and trust building to work more effectively with the team. *Group processing* is evident when group members identify and describe helpful and destructive membership actions and take ownership for their behaviors as they impact the learning team. Because these five elements are central to the collaborative learning process, they are expected to influence every aspect of the students' learning experience. A summary of the impact of each element on the preparation, implementation, and outcome process is provided in Table 1.

In addition to prominence throughout the student learning experience, each element is important in the preparation, implementation, and evaluation activities of the student, fieldwork educator (FWEd), the clinical coordinator of fieldwork (CCFW), and the academic fieldwork coordinator (AFWC). Although the FWEd role and the CCFW role may be the same, they are described separately in this paper to highlight the unique managerial and organizational responsibilities associated with the CCFW role, which may be assumed by a non-occupational therapist in the collaborative learning model.

### ***Role of the Academic Fieldwork Coordinator***

The Academic Fieldwork Coordinator is the faculty member principally responsible for developing, coordinating, organizing, and monitoring the entire occupational therapy fieldwork process (Accreditation Council for Occupational Therapy Education, 2011). Site development may begin with the provision of information to the site about the collaborative supervision model (Cohn et al., 2002). Resources might include relevant readings describing the model and underlying theory, suggestions for writing or revising learning objectives, sample learning activities, and training materials for FWEds.

In assigning students to fieldwork sites where group supervision is provided, the AFWC may institute an application process which includes faculty recommendations, a personal interview with the AFWC, and a student self-evaluation of learning style. These processes will be helpful to identify students that are inde-

**TABLE 1. Elements for Collaborative Fieldwork**

Element	Preparation	Implementation	Outcomes
Positive interdependence	Students learn about the teamwork emphasis in advance of placement.	Joint responsibility is required for tasks, projects, and assignments.	Students reflect on the quality of the product and team process of their work.
Individual and group accountability	Students reflect on team and individual goals prior to placement.	Students identify individual and team goals and evaluative measurements, what resources they will need and what they will contribute.	Students are accountable for site-specific objectives, individual objectives, and group learning objectives.
Group interactions	Students evaluate themselves as learners and teachers prior to placement.	Students learn from their fieldwork educator and from each other, alternately teaching, discussing, or practicing skills.	Knowledge is verified with peers, fieldwork educator, and others.
Interpersonal and teamwork skills	Students read about teamwork skills prior to placement and complete self-evaluation.	Students consider interpersonal and communication aspects in every learning assignment and in day-to-day responsibilities during the placement.	Students evaluate one another on interpersonal skills and are evaluated regularly by fieldwork educator and other team members.
Group processing	Prior to placement, students identify common group roles assumed, and identify group skills they need to develop.	Frequent review of group process and progress; group members provide and respond to constructive and positive feedback to one another and fieldwork educator.	Students become comfortable with giving and receiving feedback regarding interpersonal abilities and become aware of the impact of group process on task accomplishment.

pendent, self-directed, and motivated; qualities that are identified as a good fit for participation in a group supervision process (Lekkas et al., 2007). In addition, when aware of their preferred learning style, the student is more readily able to participate in self-directed learning (Robertson et al., 2011).

The AFWC is also responsible for monitoring the student progress on fieldwork and maintaining contact with the FWED/CCFW throughout the fieldwork experience. Besides providing written materials and availability for problem-solving when needed, the AFWC might support the FWED/CCFW through connecting the FWED/CCFW with others who have already successfully worked with students using the collaborative learning model.

### ***Role of the Clinical Coordinator of Fieldwork***

Several fieldwork publications recognize the need for advanced planning and infrastructure development to support the success of the collaborative placement model (Baldry Currens & Bithell, 2003; Bartholomai & Fitzgerald, 2007; Blakely et al., 2009; Copley & Nelson, 2012; Flood et al., 2010; Mason, 1999). Copley

and Nelson (2012) specifically identify a CCFW role to address the administrative details of the fieldwork placement and to support both students and FWEds participating in a collaborative learning placement. Many facilities assign the administrative responsibilities relative to fieldwork to one individual within the discipline or rehabilitation service, or the role might be assumed by a representative of the education department within larger healthcare facilities (Costa, 2011).

The individual filling the CCFW role serves as the fieldwork site's formal representative and liaison to the academic institution. In addition to the usual responsibilities of this role, extra care should be taken to promote collaborative and team learning opportunities throughout the student orientation and during the early weeks of the fieldwork placement. It is important for the CCFW to inform other practitioners at the fieldwork site about the unique features of the collaborative supervision model so that they can serve as a resource/support, supervise students in the absence of FWEd, and involve students in inter- and intra-professional learning experiences in the course of the placement (Bartholomai & Fitzgerald, 2007; Costa et al., 2012). The CCFW should be knowledgeable of the academic institutions' curriculum, particularly in regard to skills training in communication and teamwork processes, to determine what, if any, additional education should be provided in this area as part of student orientation. Familiarity with state practice acts and payer regulations regarding student services is essential as the degree of independence supported within the collaborative model may be restricted in some states.

As the individual responsible for the training and management of the FWEds, the CCFW should acknowledge and encourage qualities that would support excellence in the collaborative model (Morrison et al., 2005; Simerjit et al., 2013). For example, in addition to communication skills and competence in practice, the FWEd should have the ability to stimulate student thinking and encourage student ownership for their own learning (Simerjit et al., 2013).

If the fieldwork site is accepting students into a collaborative cohort from different academic institutions, it is important for the CCFW to work closely with the AFWC from each academic program to form the student cohort. This might be accomplished through review of the student application, including the results of the student learning style inventory and impressions gained through personal interview. The CCFW will require to form the cohort in such a way that there is a balance of personalities and learning styles, and the students making up the cohort have the overall emotional maturity to work collaboratively with others (Cohn et al., 2002).

Prior to placement, the CCFW, along with the AFWC should co-develop clear and measurable learning objectives and student expectations, revise the onsite student manual, update the American Occupational Therapy Association Fieldwork Data Form (FDF), design learning activities, and educate the site practitioners to facilitate the peer learning process. The 42 performance items from the *American Occupational Therapy Fieldwork Performance Evaluation of the Occupational Therapy Student* (FWPE) can be used as a guide to create site-specific objectives to support the group learning process. For example, item 31 on the FWPE would convey additional expectations within the collaborative model to foster clear and

effective verbal and nonverbal communication between the student cohort (American Occupational Therapy Association, 2002). If students experience difficulty in meeting the expectations outlined in the learning objectives, the CCFW may also be involved with the evaluation and/or remediation of fieldwork students' performance.

### ***Role of the FW Educator***

The FWEd, working jointly with the CCFW, is responsible to structure the fieldwork in a manner to support collaborative student learning. To accomplish this, the FWEd must not rely upon teaching techniques used in the apprenticeship model, such as student observation of the FWEd performing a procedure and the student trying hands-on with parts of the procedure under direct supervision (Vogel et al., 2004). Instead, the FWEd must move toward teaching approaches that emphasize facilitating, coaching, and mentoring. Although it is natural for the FWEd, particularly in the early stages of the fieldwork, to provide information and specific instruction, the student group will mature more quickly and take ownership for their own learning if they are encouraged to take an active role. For example, they can identify their own questions and needs and use appropriate resources to search out information independently.

The FWEd can best support student learning by attention to student orientation, caseload delegation, creation of learning and feedback opportunities, and role-modeling of professional behaviors (Bartholomai & Fitzgerald, 2007).

### ***Orientation***

A well-planned orientation should include a structured and organized introduction to the facility and various practice areas, equipment/technologies, site policies and procedures, and an overview of the measurable learning expectations that will be used to assess each student's individual performance. When the collaborative model is used, a group learning process should be supported wherever possible (Mason, 1999). For instance, during the orientation phase, students might use a checklist of required clinical competencies to practice skills with one another and demonstrate competency in a lab format prior to interactions with clients (Hanson, 2011; Jensen & Daniels, 2010). For the first few weeks of the placement, students benefit from a structured schedule with specific time set aside to work together, but should also have time to meet with the FWEd on a regular basis, at least weekly.

In advance of the placement, students should evaluate their teaching and learning preferences and teamwork skills (Bartholomai & Fitzgerald, 2007). A learning contract may be a beneficial strategy to use early in the placement to foster self-directed learning, which is essential to this teaching approach. Participation in learning contract development helps students take ownership for their learning process by identifying a specific learning goal, strategies to accomplish the goal, resources needed from the FWEd, and a timeline for completion. The learning contract should be referred to consistently throughout the fieldwork experience and updated as needed (Mason, 1999). See Table 2 for a sample format of the learning contract.

**TABLE 2. Sample Learning Contract**

Date	Goal/Objective	Student Strategies for Learning	Resources Requested of FWEd	Signature of Student	Signature of FWEd	Timeline for Completion
January 15, 2015	Student will provide constructive feedback to peer following observation of peer-directed therapy session.	Review textbooks for OT intervention for left CVA and format for "one minute preceptor" feedback process.	Provide response to feedback at weekly review meeting, noting agreement and making any needed corrections.			By February 5, 2015



### *Delegating Caseload*

Over the 12-week experience, the student cohort should assume the caseload of the FWEd, as appropriate for the setting and/or population. Students should be given (1) an individual caseload (as the primary student therapist) and (2) assigned clients whom they treat collaboratively with their peer or peers (The Chartered Society of Physiotherapy, 2002). Even though students outnumber the FWEd, they should not assume a greater caseload than was typically managed by the FWEd alone (Ladyshevsky & Healy, 1990). For example, if the FWEd normally had a caseload of 12 patients, and was supervising two students, each student should be responsible for up to six patients as the primary student therapist by the final week. Keeping a log to track the number and diversity of clients seen over the course of the fieldwork both individually and in collaboration with a peer will help the FWEd to strategically maximize the student's learning and exposure to a diverse caseload. Bartholomai and Fitzgerald (2007) advocate that the division of the patient caseload should also account for other expected work during the experience, including structured observations, projects, and other learning opportunities as discussed in this paper.

### *Feedback*

In this model, students provide feedback to each other, and also receive feedback from their FWEd. The FWEd must provide a balance between individual and group supervision and feedback throughout the fieldwork experience—not just at midterm and final evaluation (Richard, 2008). Ground rules for group feedback sessions should be established early, and might include: allowing opportunity for every student to speak, no interruptions, and giving feedback that is constructive. Besides constructive feedback on skill performance, feedback sessions provide opportunity for students to motivate and encourage one another and for the FWEd to ask questions to facilitate reflection and clinical reasoning, and elucidate misconceptions.

### *Learning Activities*

A variety of learning activities might be used to effectively develop clinical reasoning during fieldwork (Cohn, 1989). Learning activities should enhance the collaborative learning experience and can be both planned and unplanned events. Examples of planned learning activities might include: reflective writing, one-minute preceptor teaching, and observation logs (Neher et al., 1992).

*Reflection* is a useful tool for educators to gain a clear understanding of the students' thinking and clinical judgment, and to stay abreast of learner needs (Lasater & Nielsen, 2009). Students become actively engaged in their learning as they demonstrate their ability to think critically, improve proficiency with self-assessment, problem solve, and learn from their experiences (Hanson et al., 2011). Reflection provides the student an opportunity to explore and reflect on their assumptions and to analyze situations for deeper learning (Lahteenmaki, 2005). Boud (2001) suggests that reflection is best promoted when the individual is able to re-construct and accurately describe the original experience and accompanying

emotions and then re-evaluate the experience in view of new information. Through structured writing experiences directed by the FWEd, students can explore and reflect on their assumptions as they analyze specific practice situations (Hanson et al., 2011). The FWEd might respond to certain entries, ask questions, or provide suggestions to student inquiries in either an individual or a group format. It is crucial that this occurs in a non-threatening way so that the student(s) can write freely and openly, using the experience to better understand his or her own learning (Mason, 1999). Examples of questions/prompts to guide student reflection are as follows: “What are the most valuable things learned today?,” “What went well with . . .?,” “What didn’t go well?,” “If were to do . . . again, I would change. . .,” “Overall, I felt the day was. . .,” “The most valuable piece of feedback I received today or this week was. . .,” “What do I need to learn more about?,” “And what is my plan to accomplish this?,” “What are my goals for tomorrow, next week, and next month?,” “What skills do I have as an OT student that might be useful in. . .?,” and “What gifts do I contribute to the OT profession?”

It can be challenging to create teaching opportunities that ensure the student is gaining knowledge, especially in fast-paced clinical settings. The *one-minute preceptor* teaching tool provides a framework for allied-health students to think critically about a case and gain insight into their clinical reasoning skills in an efficient and effective manner (Neher et al., 1992). While widely used in the field of medicine, this *teachable-moment* framework is also applicable for occupational therapy fieldwork education. The one-minute preceptor model was designed to promote clinical reasoning and decision-making as well as provide the preceptor to offer immediate feedback to the learner. The model consists of five skills that can be used in a time-pressured environment. In a traditional 1:1 supervision model, this learning exchange would occur between the FWEd and the fieldwork student. In the collaborative student supervision model, this dialogue might also occur between a fieldwork student and his/her peer(s). An illustration of how this might occur is evident in Table 3.

Following the group student supervision model, the student may present the case facts or be in the role of asking facts from others students, using a peer teaching–learning model. In addition, the use of the one-minute preceptor creates an environment for the students to provide and receive feedback from one another. By using probing questions such as “Why,” “what would you do next?,” etc. the students can explore and learn from one another, resulting in an enhanced learning process and clinical reasoning.

While active participation and practice is preferred during fieldwork, there are opportunities where a student may be asked to observe, particularly early in the experience. In the collaborative model, students will be assigned individual responsibility for some clients and share responsibility for some clients with a peer or a small group. Therefore, there are times when one student is more active and taking the lead (primary student therapist), while their peers are more passive (actively observing student therapist(s)). During these occasions, observation logs can be useful for the observers. An *observation log* encourages clinical observations via structured questions. Questions may be designed to generate a clinical discussion, facilitate communication among the cohort, or assist students in clinical observation acuity and ability to connect theory and practice. Observation logs can be

**TABLE 3. Example of One-Minute Preceptor Teaching**

*Scenario application:* Tom, an OT fieldwork student, just finished an evaluation of a client who sustained a right cerebrovascular accident (RCVA), and demonstrates left hemiplegia. Two other OT students, Carlos and Katie, watched Tom complete the evaluation and asked him the following questions

One-Minute Preceptor Teaching Step	General Questions	Applied to a Practice Situation Using Group Supervision
<b>Step 1</b>		
Get a commitment from the student related to what he or she thinks about the case.	"What do you think are the client's problems?"	"What are the main problems associated with a RCVA that we should address in the client's intervention?" —Carlos
Ask the student to devise their own course of action, or plan.	"What do you want to do to intervene?"	
<b>Step 2</b>		
Question the student for evidence that supports the student's commitment.	"What led you to that conclusion?"	"What led you to that conclusion or rationale?" —Tom
Evaluate the student's reasoning or background knowledge, and their ability to defend their clinical opinion.	"What is your rationale?" "Did you consider anything else?"	"Did you consider any other interventions for the plan of care?" —Katie
<b>Step 3</b>		
Teach a general principle or "take-home points" that are applicable to other scenarios.		"The client is having significant edema in their left distal arm. What do we already know about edema and what is needed? I believe it is important to provide a modality to help decrease the swelling." —Katie
<b>Step 4</b>		
Reinforce what the student did well. Give the student immediate positive feedback on specific skills or behaviors, not just general praise.		"You were correct to realize that the client is left hand dominant and will have limited use of this extremity to complete her activities of daily living." —Carlos
<b>Step 5</b>		
Correct errors.		"How would you evaluate your performance at this point?" —Carlos
Ask student to evaluate their performance. Then, give student immediate constructive feedback and provide recommendations on how to improve.		"Decreasing the edema will allow further neuromuscular re-education to occur and increase the overall functional use of the left upper extremity." —Katie

incident or skill-specific (Queensland OT Fieldwork Collaborative, 2007). For example, these might be used during team meetings, co-treatment sessions, implementation of a specific therapeutic modality, etc. See Table 4 for an example of a generic observation log.

In addition to the above planned learning experiences, the FWed can set up *joint learning activities* for everyday work responsibilities such as co-leading a group, or co-developing an intervention plan. Indirect client care activities may also be structured to promote cooperative learning, such as developing a group case

**TABLE 4. Sample Observation Log**

Date:	Session Observed:	Primary Student Therapist:	Observer Student Therapist:
What were the primary goal(s) or problem addressed in the treatment session?			
What underlying client factors (physical, cognitive, psychosocial) contributed to the problem? How?			
Give an example of preparatory method(s), purposeful activities, and/or occupation-based interventions used in the session.			
What elements of the session were client-centered?			
How did the lead therapist attend to safety?			
What therapeutic strategies were utilized by the lead therapist professional? In what ways were they effective or not?			
What frame of reference(s) was the lead therapist using as a conceptual framework? Justify this choice with observations made during the session.			
Additional comments:			

presentation or peer review of documentation, or weekly peer meetings. Larger projects involving peer learning require advance preparation and discussion so that students are clear on the expectations of the project, the collaborative learning process, and the manner in which the project will be evaluated (Mason, 1999).

### ***Role-Modeling***

The FWEd plays a critical role in the role-modeling of professional behaviors such as managing time well, organization, communication, inter-professional collaboration, team-work, and leadership. The FWEd might highlight specific skills desired by the students by asking students to observe for these skills in their supervisor's performance. This becomes an opportunity to encourage both positive and constructive feedback by students in their feedback to one another. The FWEd can model asking for feedback, receiving feedback, and giving feedback. Since no one is perfect, the FWEd can model for students a non-defensive attitude for feedback and set the stage for students to effectively participate in a team-oriented feedback process (Flood et al., 2010).

### ***Evaluation***

Fieldwork educators are responsible for the evaluation of clinical and professional performance of fieldwork students. Formally, this is done by using the FWPE at both midterm mark (six weeks) and completion (12 weeks). Besides a formal introduction to the tool during orientation, it is helpful for students to receive consistent documented feedback on their performance throughout the fieldwork. When using the collaborative model, it is important that the evaluation occurs both individually and as a group to measure individual skills and abilities as well as the

**TABLE 5.** Steps for Implementing the Collaborative Model

Preparation	<ul style="list-style-type: none"><li>• Collaborate with AFWC to schedule students and obtain resources for specialized application for collaborative cohort.</li><li>• Educate site/department staff on collaborative philosophy.</li><li>• Revise and organize student materials to ensure group learning (including site-specific objectives, weekly schedule, student learning assignments, and mechanisms for individual/group feedback).</li><li>• Engage students in process of self-evaluation and ownership for learning.</li></ul>
Implementation	<ul style="list-style-type: none"><li>• Introduce students to peer learning activities beginning at orientation.</li><li>• Implement student learning schedules and activities.</li><li>• Monitor each student's ability to initiate and complete learning requirements, work with a variety of clients, and participate effectively in teamwork communication.</li><li>• Conduct both group and individual feedback sessions at regular intervals.</li><li>• Collaborate with AFWC for troubleshooting and resource refinement.</li></ul>
Outcomes	<ul style="list-style-type: none"><li>• Evaluate attainment of site, individual and group learning objectives.</li><li>• Obtain feedback from FW educator, students, and other site/departmental staff on the effectiveness of communication process and learning activities.</li><li>• Provide feedback to AFWC and site/department staff on lessons learned.</li></ul>

group’s ability to work collaboratively. Students should have multiple opportunities to reflect and self-assess their abilities using the FWPE. The *Fieldwork Experience Assessment Tool* (FEAT) is another great resource to assess the “just-right-fit” between the student and the fieldwork experience (American Occupational Therapy Association, 2001). As with any fieldwork experience, it is necessary that the FWEd notifies the AFWC about any difficulty or problem.

See Table 5 which provides an overview of the required preparation, implementation, and outcome tasks involved in the execution of a collaborative supervision model.

***Role of the Fieldwork Student***

The student is an equal participant in the learning process, assuming responsibility for his or her learning and working collaboratively with other occupational therapy students in the fieldwork cohort. Fieldwork students need to be knowledgeable about the collaborative student supervision model, and the expectations of peer collaboration and mutual respect for the cohort members. This information should be disseminated to the student(s) by the AFWC, CCFW, and/or FWEd prior to the fieldwork placement.

Students are responsible for managing their individual caseload as well as those clients that they will work with collaboratively with their peers, as appropriate for the setting and/or population. Students are expected to use their peers as resources versus strictly relying on their FWEd’s guidance. The cohort members are encouraged to share ideas, knowledge, skills, and intervention techniques with one another, and to provide and receive constructive peer feedback. For example, when a clinical inquiry arises, students are expected to first consult with one another, and to problem-solve and collaborate on the clinical resolution, prior to conferring with

the FWEd. Once students are out of the orientation phase, students take the lead in identifying and practicing therapeutic skills with one another, giving and receiving peer feedback, and involve the FWEd to clarify as needed. Students educate each other formally and informally, including case presentations, in-services, and group feedback sessions. This model clearly exemplifies peer teaching-learning and support.

In addition, students are encouraged to collaborate and communicate with other team members/disciplines regarding clinical issues. This provides an opportunity for the students to experience inter-professional collaboration, which is a new curricular mandate in occupational therapy education described in Standard B.5.21 (Accreditation Council for Occupational Therapy, 2011). Individually, students are responsible for collecting, summarizing, and implementing performance feedback into daily practice. Students should proactively identify their learning style and collaborate with AFWC, CCFW, and FWEd on setting goals and recognizing strategies to accomplish goals. In addition, students should also create collaborative objectives for the group to accomplish during the experience. Students who are self-directed, motivated, and autonomous will be most successful in this model (Vogel et al., 2004).

### ***Illustration of the Collaborative Learning Model: Preparation Through Week 2***

The following is a vignette designed to illustrate a snapshot of the collaborative fieldwork experience from the preparation through week 2 phase.

Patty and Jan were both interested in participating in a collaborative supervision experience. They met with their AFWC to learn more about the collaborative learning model and completed the application process required by their academic program, including faculty and level I FWEd letters of recommendation, and an interview with the site prior to acceptance. Prior to their learning experience, they were assigned readings by their AFWC regarding the collaborative model, and wrote a reflection paper regarding their learning styles, their strengths and weaknesses relating to teamwork, and how they expected to participate in a collaborative learning experience.

The CCFW, Tom, read the students' reflections and interviewed the students separately and together before the placement was offered. He sent the students the facility site-specific learning objectives supporting collaborative learning and a broad outline of a learning schedule. The students were provided the format for a learning contract and asked to identify and share their goals for the first few weeks of fieldwork with their assigned FWEd, Molly. The two students read one another's goals, identified similarities and differences from their own goals, and collaborated on strategies and actions they might take to support one another's learning. They copied their CCFW and FWEd on their communications so that the information could be considered in designing the orientation and initial learning activities for weeks 1 and 2 of the fieldwork placement.

In the first week of the learning experience, Patty and Jan were assigned to 1:1 active observation of their assigned FWEd, Molly, and other therapists on staff for the purpose of orientation to the evaluation and intervention processes used by the site. They completed observation logs, and shared their findings with one another, compiling questions to be addressed by Molly at their first weekly meeting. They

each had additional orientation activities assigned, based on their self-assessment submitted to the CCFW and FWEd prior to their arrival. They received a checklist of required clinical competencies and divided up the list to teach one another the required skills, verifying their skill set with one another, other therapists, and Molly at assigned supervision sessions. Prior to their supervision session, they reviewed and rated their accomplishment of their individual goals and their progress in meeting their team goal. They also prepared questions for their FWEd, Molly, who reviewed their progress on clinical competencies, considering feedback from others and their self-ratings. Molly set aside a small block of time each week for student fieldwork meetings, e.g., Thursday during lunch break. Students had an opportunity to ask their questions and together the students and Molly explored resources to address the questions asked, generated goals for the coming week, and determined assignments that would meet learning goals.

The following week, each student observed Molly exclusively following specific observation logs with varying emphasis. For example, one student observed for the impact of cognitive issues on occupational performance whereas the other observed for motor performance strengths and challenges. They each shared their observations with one another after each client and then worked together to generate clinical questions for Molly based on their observations. The students were jointly assigned two patients by mid-week and were responsible for all aspects of their assigned client's care. The students divided up the responsibilities for their assigned clients and Molly supervised the students jointly, sometimes modeling for the students' specific skills, and other times observing and cuing as needed. She made notes on each student's competency using the competency checklist, and met each student individually and together during the week to discuss strengths and weaknesses. At the weekly joint supervision meeting, the students discussed their strengths and weaknesses, what goals they might focus on in the coming week, and how they might help one another. In addition, they evaluated their ability to work together, and were provided feedback on their teamwork skills by Molly.

As they approached week 3 of their fieldwork experience, the students had become familiar with the assessment and treatment process for a select group of clients at the fieldwork site, had become more observant of their clients, had acquired and been tested on specific skills and competencies, and had successfully assumed responsibility for the care of two clients at the site.

### ***SUMMARY AND CONCLUSIONS***

Use of the collaborative model provides opportunities for both the FWEd and the student to maximize the learning opportunities possible during level II fieldwork. As the FWEd shares the responsibility for student learning with other stakeholders, the supervision workload is diminished. The FWEd benefits from student ownership for their learning and the new resources they bring to collaborative supervision sessions. Division of assigned caseload among a group of students increases departmental productivity while also enabling critical reflection on the quality of services provided and refinement of programming. The student is able to learn, not only from their assigned FWEd but also from their peers and in the process learns to

critically reflect and take responsibility for their own learning and to work effectively with others.

Effective execution of the collaborative supervision model requires advanced preparation, involving all the stakeholders. The theoretical approach to learning must be understood, and integrated into the orientation process, the day-to-day learning activities, and the measurement of level II fieldwork learning outcomes.

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### ABOUT THE AUTHORS

**Debra J. Hanson**, PhD, OTR/L, FAOTA, is an Associate Professor/Academic Fieldwork Coordinator, Department of Occupational Therapy, School of Medicine and Health Sciences, University of North Dakota, Grand Forks, North Dakota and **Elizabeth D. DeIuliis**, OTD, OTR/L, is an Assistant Professor/Academic Fieldwork Coordinator, Department of Occupational Therapy, Rangos School of Health Sciences, Duquesne University, Pittsburgh, Pennsylvania.

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