

**Collaborative Model of Clinical Education**

The collaborative model of clinical education can offer benefits for students, clinical instructors (CI), and the academic program. There are multiple forms including two students with one CI (2:1), three students with one CI (3:1), two students with two CIs (2:2), etc. The two students might be DPT students from the same school, PTA students from the same school, a PTA and a DPT student, or students from different schools. This document is intended to be a helpful resource as you consider how to effectively utilize the collaborative model.

**Student Perspective**

* Opportunity to ask each other questions and share about experiences, which can increase students’ comfort and confidence
* Opportunity to practice offering and receiving peer feedback
* Opportunity for peer learning that may enhance development of clinical reasoning and deeper thinking
* Demands that students take responsibility and initiative for their own learning
* Provides opportunities to build skills for collaborative practice and teamwork
* For SPT/SPTA pair, provides opportunities for intraprofessional teaming

**CI/Clinic Perspective**

* Allows for an opportunity for increased focus on clinical education and student mentoring
* Students can learn from each other as well as CI
* Using this model, CI’s overall productivity may increase with advanced students
* Responsible use of limited clinical resources

**Considerations for CI**

* Consider the learning needs of each student individually
  + Consider individual student goals and learning style
  + Plan for strategies to provide feedback in a group setting as appropriate
  + Create opportunities to meet each student’s learning needs, particularly if they are performing at different levels
  + Have 1:1 time with each student daily/weekly and at midterm and final to discuss goals, performance, and provide feedback
  + Document performance on a weekly basis to facilitate completion of CPI
* Provide opportunities for collaborative learning
  + Observe each other working with patients and debrief to enhance learning
  + Co-treatments
  + Engage in collaborative care planning
  + Peer feedback
* Progression of clinical
  + More co-learning opportunities initially
  + Progress toward working with patients more independently
  + Students must demonstrate they are *capable of* carrying the expected caseload
* Scheduling
  + Plan for activities that students can do independently (chart review, documentation, etc.)
  + Be mindful about the complexity of patients who are scheduled at the same time in order to provide the appropriate level of supervision for both students
  + Have back-up plan if CI is absent
* Communication
  + Establish a means of communication for students to reach you when they are treating patients
  + Communicate expectations clearly
  + Keep lines of communication open
  + Contact the DCE early with any questions or concerns

**Suggested Learning Activities**

* Students collaboratively plan a patient session
* Ideas for offering peer feedback: provide one strength and one area for improvement, ask specific questions, offer alternative ideas, etc.
* Patient sessions: divide activities within session between students or have one student perform session and the other student complete the documentation
* When working together with a more complex patient, have the treating student direct the other student who acts as an aide, while the CI supervises
* Have them peer review each other’s documentation and offer feedback

**References**

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4. Rindflesch AB, Dunfee HJ, Cieslak KR, et al. Collaborative model of clinical education in physical and occupational therapy at the Mayo Clinic. *J Allied Health*. 2009;38(3):132-142.