

COLLABORATIVE LEARNING in the CLINICAL SETTING

Preparation

- Preparation for students' arrival
 - Review student information, particularly learning styles, strengths, improvements, curriculum, prior clinical experiences
 - Fine tune/update orientation
 - Includes "homework", weekly meetings and most importantly EXPECTATIONS
 - Touch base with students and give them an outline of academic information which is expected to be reviewed

Orientation

- Review basic information to function in the department
- Review grading process, expectations for rotation for CPI
- Review collaborative learning and expectations for the students
- Touch base about learning styles, students expectations of CI
- Review basic assisted help techniques integrated with clinical decision making

Typical Day

- Typical Day
 - Patient Scheduling
 - Prioritization—includes supervision needs
 - Help with Patients
 - Attending Meetings
 - Review daily plan
 - This regularly allows the students to address professionalism, compassion, accountability, excellence, integrity

Typical Week

- Typical Week
 - Set up and attend individual meeting with CI
 - Attend weekly team meetings to discuss patient's progress, discharge and barriers to discharge
 - Attend formal collaborative learning experience
 - Weekly folders due which include diagnosis worksheets and plan of care worksheets
 - Impromptu gait, movement analysis, group learning

Helpful Set-Ups

- Seating arrangements—students are seated together in a “pod”
- Most often have other OT and/or RT students within the “pod”
- Always have residents within our setting to increase student comfort zone
- Can also provide collaborative education outside of the PT world

Learning Opportunities

- Linking didactic knowledge with clinical presentation/treatment
- Modifying plans of care/goals
- Building/modifying/progressing treatment interventions
- Equipment recommendations
- Enhance ability to communicate and educate!!!
- A new perspective on “prevention”

Examples of Collaboration

- Compare/Contrast of Diagnosis/Prognosis and its affect on gait and recommendations of braces
- Diagnoses: POEMS, MS, AIDP, incomplete L1 paraplegia, left hemiplegia, cerebral palsy
- Primary gait deviation by all patients was genu recurvatum
- Types of braces: solid with slight PF vs KAFOs, solid in neutral vs KAFOs, articulated afo, solid with potential to articulate, articulated, posterior leaf cut afo

Examples of Collaboration

- Other options:
 - Windows worksheet
 - Equipment Needs
 - Group observation/Problem analysis
 - Modification of treatment interventions
 - Case presentations with evidence
 - How does PT fit with particular patients in the team concept?
 - Prevention/education

Advantages within a Rehab Setting

- Takes pressure off of students; they can take a “friend” along
- Can bounce ideas off of each other
- Expands patient experience
- Expands treatment options, modifications
- Gives more “hands on” learning
- Allows students to feel like they have something to offer

Disadvantages within a Rehab Setting

- Students often perceive a “panicked” feeling that a CI won’t be available at their whim
- Pushes “observers” to engage sooner in the affiliation
- Balancing of “Staci Suckers” and students who tend to avoid CIs
- Can be challenging to meet needs of the exceptional students

Supervision Guidelines

- Minnesota State Law: “the physical therapist shall have direct contact with the patient during at least every second treatment session by the student physical therapist.”
- Due to federal rules for Medical Assistance, the students do not follow these patients unless we can arrange for them to double with a staff person

How do we meet supervision?

- Open gym space
- Text pagers
- Creative use of staff

Acute Rehab Setting

- Summary:
 - Stay flexible
 - Ability to meet the needs of the group and patients they serve
 - Set your expectations high!
 - Goal: Positive learning experience where everyone teaches and learns together!