

Collaborative Model of Clinical Education

The collaborative model here at A.T. Still University consists of 2 students working with a single clinical instructor. Moving from the typical format of 1:1 can come with many questions and concerns, but we hope to build excitement! We are here to assist and help guide you through the mechanics.

There are many benefits to this model outlined in the literature, which include:

- Building of teamwork skills
- Facilitating entry-level performance
- Promoting active reflection
- Providing peer support
- Enhancing discussion
- Increasing confidence
- Ensuring strong student supervision

As with all clinical education models, challenges are also noted:

- Mismatch of student learners
- Need for additional paperwork
- Difficulty carving time in day for independent feedback
- Progression varied between the students

Integrated Clinical Experiences

For ATSU's integrated clinical experiences (ICE), your student pairs should often switch off between the student physical therapist role and the role of an observer. The observer is still able to provide insight, problem solve with their partner, complete cognitive tasks using the clinical reasoning model, consider appropriate test and measures, and gather information from patient interview, etc.

We have removed the paperwork issue in our ICE framework but do hope that you can give feedback in the moment as each student performs. There are times that feedback provided in private would be best. Consider having a couple of minutes at least every other week set aside to talk to each student individually.

Full-Time Clinical Experiences

We have a few clinical partners using this collaborative model on a routine basis. The two-student dynamic is managed best with set procedures to provide your time and attention to each student independently and to both students simultaneously. In the weeks of the clinical experience the flow begins to change from observation during the first week, to altering responsibilities in subsequent weeks, and to shared responsibilities towards the end. Because each student is unique in learning style and confidence, staggering responsibilities allows you to determine how to best guide each student. As progress continues, encouraging teaming with shared responsibilities is ideal but not necessary accomplished in all settings. The collaborative model works well in all settings but does not necessary work in the same way. Let us set up what will work best for you and your environment!

Supervision

Currently, supervision regulations here in Arizona are a barrier to grow this model into what other states may use in their integrated clinical experiences (i.e. 4 or 6 to 1). If you have questions about supervision, or how to make the dynamic collaborative model work in your specific environment, please reach out!

Resources and Readings

[Collaborative Clinical Education in Acute Care](#)

[Collaborative Model of Clinical Education in Physical and Occupational Therapy at the Mayo Clinic](#)

[Enhancing Service Productivity in Acute Care Inpatient Settings Using a Collaborative Clinical Education Model](#)

[Enhancing Clinical Competence Using a Collaborative Clinical Education Model](#)