

Implementing the Collaborative Fieldwork Model in the Acute Care Setting

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Abstract

With the ongoing fieldwork crisis, coupled with the additional strain on fieldwork site availability due to COVID-19 in 2020, innovative fieldwork strategy employment is becoming increasingly critical (Costa, 2015; Hanson & Deluliis, 2015; Hanson et al., 2019). The utilization of a collaborative fieldwork model is an established opportunity to create student program growth within a variety of fieldwork settings. Establishing a collaborative fieldwork model within the acute care setting is gaining interest as a mutually beneficial experience for hospitals and academic programs. In this scholarly education topic, practical strategies and considerations will be shared to support the development of a collaborative fieldwork program within an acute care setting.

Keywords: fieldwork, collaborative model, education, acute care, student

Introduction

There has been long-standing evidence for more than the past two decades of a “fieldwork crisis” in the literature prior to the SARS-CoV-2 pandemic (Casares et al., 2003; Cohn & Crist, 1995; Roberts & Simon, 2012). This crisis has never been more evident than in 2020 when the healthcare environment has been significantly impacted by the national pandemic. In a survey distributed by American Occupational Therapy Association (AOTA) in the spring of 2020, out of 1,379 students, 58% of these students reported having their fieldwork placements cancelled as of April 2020 (AOTA, 2020). Finding replacement fieldwork experiences to meet graduation requirements continue to challenge universities and students alike. In addition to changes in the health care environment, this fieldwork crisis has been a result of a minimum of 54,050 Level II placements needed since 2014, as the number of occupational therapy programs increase (Accreditation Council for Occupational Therapy Education, 2020). There is a total of 165 occupational therapy accredited programs with another 166 programs in the accreditation process (Accreditation Council for Occupational Therapy Education, 2020). Unfortunately, the number of fieldwork sites and fieldwork educators (FWEd) available is not growing at the same rate to meet this ongoing demand (Casares et al., 2003; Harvison, 2018).

Since 1995, the traditional one student to one fieldwork educator model has not been a viable option to meet the demand for fieldwork placements (Cohn & Crist, 1995). Many have stated that the reliance on this tradition model of fieldwork continues to significantly contribute to the ongoing shortage of fieldwork opportunities (Cohn & Crist, 1995; Harvison, 2018; Martin et al., 2004). Solutions to create new opportunities for

fieldwork have included exploring community-based programs, increasing faculty involvement in fieldwork supervision, and the expansion of occupational therapy in emerging and non-traditional practice areas (Costa, 2007; Costa, 2015; Hanson et al., 2019; Roberts et al., 2015). Despite the exciting expansion of occupational therapy's impact in new environments and emerging practice areas, the majority of occupational therapists continue to work in hospital settings (Evenston et al., 2015). In the most recent American Occupational Therapy Association workforce survey, 28.6% of total survey respondents most commonly worked in hospitals and as a secondary work setting 19.9% (American Occupational Therapy Association, 2020). This creates an ongoing inconsistency in available fieldwork experiences to directly prepare future clinicians in this most common practice area to support the workforce needs.

An additional solution to increase fieldwork experiences for occupational therapy students in a hospital setting, that targets these realities, is the use of the collaborative fieldwork model. The collaborative fieldwork model has been described as “a strong alternative to the apprenticeship supervision approach” (Hanson & Deluliis, 2015). This collaborative, or group, fieldwork model pairs two or more students with one designated fieldwork educator (Bollman & Oldenburg, 2017; Hanson & Deluliis, 2015; Hanson et. al, 2019; Rindflesch et al., 2009). A successful, collaborative fieldwork model includes specific elements to support the educational process (Costa, 2007; Cohn et al., 2002; Hanson & Deluliis; Kinsella, & Piersol, 2018; Martin et al., 2004). These elements include positive interdependence, both individual and group accountability, group interactions, positive interpersonal and teamwork skills, and the opportunity for group processing (Cohn et al., 2002; Costa, 2007; Hanson & Deluliis, 2015; Martin et al.,

2004). Globally, traditional fieldwork models reinforce dependency on the fieldwork educator and limit opportunities for independent student initiative for learning, problem-solving, and critical thinking (Hanson & Deluliis, 2015). The use of the collaborative model of fieldwork fights challenges this thought with use of adult learning principles from the classroom and bridging into practice.

When time is taken to ensure that these elements are present within a collaborative fieldwork model, there are many documented advantages to the utilization of this model for both the fieldwork educator and for the participating students. Like many programs, and despite the positive aspects of the collaborative fieldwork model, there are also documented challenges with the execution of a successful collaborative fieldwork model. These benefits and challenges that may be encountered are captured in Table 1.

Table 1. Benefits and Challenges of the Collaborative Fieldwork Model

Collaborative Fieldwork Model Benefits	Collaborative Fieldwork Model Challenges
• Reflects the role of working within in a team-based healthcare system • Supports inter-professional learning • Builds communication and teamwork skills • Creates a peer learning community and increased opportunities for feedback • Aligns with adult learning principles used in many OT programs • Promotes student independence and responsibility for own learning • Increases demand for the development of critical reasoning • Increases productivity with the division of workload and responsibilities • Cost effective • Enhances fieldwork educator satisfaction • Increases access to university resources	• Educator concerns related to supervising more than one student • Challenges in providing adequate supervision needed to all students • Reliance on students to take ownership of learning experience • Increased workload, including scheduling and operational planning tasks and management • Potential for student competition • Limited caseload and clients available • Limited education and training of nontraditional models of fieldwork education • Limited experience executing the collaborative model • Limited support by clinical management and organization

Note. (Bartholomai & Fitzgerald, 2007; Cohn et al., 2002; Hansen & Deluliis, 2015; Myers et al, 2019)

Objectives

When implementing the collaborative fieldwork model, modifications to the standard student program will likely be necessary. To address these necessary modifications, the primary objective of this educational topic is to provide occupational therapy practitioners and leaders in the acute care setting a targeted overview of the collaborative fieldwork model and how it can function in the acute care setting.

Secondary objectives include communicating successful strategies for implementing a collaborative fieldwork model in the acute care setting, providing practical examples for each of the primary fieldwork stakeholder roles, and how to develop a fieldwork program that best supports a collaborative model of fieldwork.

Methods

Defining Roles and Responsibilities

Myer et al. (2019) recommended a toolkit to support the fieldwork experience to be used as a reference document to structure a collaborative fieldwork experience. Once considerations about what the collaborative fieldwork model will include for your organization, such as the number of students and fieldwork educators that will be involved, if occupational therapy and occupation therapy assistant students will be included, or the timing of the rotations, the toolkit will outline additional details for setting up the fieldwork experience. A toolkit should include roles and responsibilities of all stakeholders, suggestions and guidelines for student program structure and progression, and suggested teaching approaches for the fieldwork educator to execute (Myer et al., 2019). Each fieldwork stakeholder role is briefly outlined below and an expanded definition of each of these roles and their associated responsibilities to

support a successful collaborative fieldwork program are also expanded upon in the provided Appendices A-E.

Academic Fieldwork Coordinator

The Academic Fieldwork Coordinator (AFWC) is responsible for the administrative details of fieldwork from the academic perspective and ensures that all fieldwork experiences meet the required standards established by Accreditation Council for Occupational Therapy Education (ACOTE). The AFWC activities are outlined in Appendix A. The AFWC coordinates with fieldwork sites to ensure the students are prepared for the collaborative experience in addition to providing students with education and consultation to ensure they are prepared for the fieldwork experience (Stutz-Tanenbaum et al., 2015; Stutz-Tanenbaum et al., 2017.) The AFWC forms relationships with fieldwork sites and maintains communication with the students and FWEd throughout the placement to support a successful experience for all parties involved (Stutz-Tanenbaum et al., 2015; Stutz-Tanenbaum et al., 2017).

It is also the responsibility of the AFWC to ensure that any student participating in a collaborative model if the acute care setting is aware of the expectations and is prepared for this practice environment. The selected student needs to be able to demonstrate both independence and the ability to collaborate and communicate their learning needs within a fast-paced practice environment. A student completing a fieldwork experience within a collaborative fieldwork model must be able to both demonstrate the need to work within a team while also ensuring individual responsibility over their own caseload. Reduced individual attention will be available within the student and FWEd than in a traditional one to one fieldwork model. As a direct result of

this, Students must be able to advocate for their own learning and initiate seeking support and resources to enhance their learning.

Clinical Coordinator of Fieldwork

The Clinical Coordinator of Fieldwork (CCFW) is responsible for the site's administrative details surrounding fieldwork. The CCFW activities are outlined in Appendix B. The CCFW collaborates with the AFWC to coordinate fieldwork rotations, dates of rotations, and necessary student information. Many of the tasks that the CCFW is involved in occur prior to or early on in the on-site fieldwork experience. Their role includes understanding and implementing processes regarding on-boarding students, legal considerations for student learning (i.e. accommodations), and completes contracts between the health care institution and academic institution.

The CCFW conducts orientation with incoming students to communicate department and fieldwork site specific requirements, department expectations, procedures necessary for student success, and professional behaviors. Orientation incorporates team activities as it's imperative to "promote collaborative and team learning opportunities throughout the student orientation" (Hanson & Deluliis, 2015). The CCFW maintains direct communication with each student and FWEd to support successful fieldwork.

Education Coordinator

The education coordinator (EC) is a unique role that is not available at all fieldwork sites. This role may also be known under a different name depending upon the facility leadership structure. For example, this role may be referred to as a site or clinical coordinator and this person provides additional support to the CCFW as needed. The

potential EC role and activities are outlined in Appendix C. The EC may be an additional role within the hospital's organization whose primary responsibilities include creating, implementing, and maintaining practice excellence of the occupational therapists through education, observation, and program development. In addition to these organizational responsibilities, the EC may play a role and assist to maintain the student program, maintain student files as records, and ensure the expertise of the site's fieldwork educators through creation and initiation of education, resources, and on-site support. Typically, the EC becomes involved in student rotations to assist with problem solving challenging situations and supporting learning with additional resources. The EC maintains appropriate contracts required for fieldwork placements. This role is not necessary to the success of a collaborative fieldwork program, but because this role may already exist, its role has been highlighted.

Fieldwork Educator

The Fieldwork Educator (FWEd) collaborates with the CCFW throughout fieldwork rotation and reviews the site's objectives and weekly expectations of the collaborative model. The details of the FWEd role is outlined in Appendix D. The FWEd offers structured support by facilitating group feedback sessions, individual feedback sessions, student co-treatments, and clear fieldwork expectations. Individual student growth is promoted while maintaining a teamwork approach to learning. It's important to utilize a variety of teaching strategies including facilitating, coaching, and mentoring to promote the collaborative model. This will increase individual independence, accountability, self-direction, and teamwork (Jung, et al., 2002). The FWEd also has the primary responsibility to manage the day-to-day caseload of each student as well as

each student's individual learning and practice progression from week to week to achieve their individual caseloads that meet the expectations of the hospital. The FWE_d will determine their own day by providing direct supervision to students when they are executing new skills or are with a more complex or new diagnosis and providing more indirect supervision when a student has demonstrated competence with a certain skills or diagnosis. As more students may be included in the collaborative model, like when three or four students are assigned to one FWE_d, additional clinicians may become involved in providing intermittent supervision as the students increased their caseload and still need more consistent supervision to maintain safety. When two students are assigned to one fieldwork educator, caseload management and supervision can remain the responsibility of the one clinician.

Fieldwork Student

The student utilizes the fieldwork site objectives and weekly expectations to help guide the expectations from a practice and professional perspective. The expectation of the student is to independently search for information, identify own questions, and utilize resources to find answers to support their continued educational experience while on fieldwork. A benefit of the collaborative model is that “the cohort members are encouraged to share ideas, knowledge, skills, and intervention techniques with one another, and to provide and receive constructive peer feedback” (Hanson & Deluliis 2015). This will help promote independence as an entry-level clinician. The students should be actively providing each other feedback and can serve as an additional support when there is a complex transfer or situation of higher acuity that arises. It is also imperative that prior to participating in a collaborative fieldwork experience that

students self-reflect on their strengths and how prior life experiences align with the responsibilities as a stakeholder in a collaborative fieldwork experience. Having strong collaborative skills, prior hospital-based work or volunteer experience, or service focused employment that demanded variable communication skills, will assist with preparing someone to participate in a fast paced, acute care setting and within a collaborative fieldwork experience. Additional, details of the role of fieldwork students are outlined in Appendix E.

Educational Considerations in Acute Care

Prior to the start of fieldwork, it is important to ensure that the students know that they will be part of a collaborative fieldwork experience so the expectation is established with all participating parties. It is also important to review the site-specific learning objectives and modify to reflect the collaborative learning goals of the experience. When completing the initial fieldwork orientation, a part of the orientation should include providing resources about collaborative learning and a discussion of the role of communication in fieldwork. This can include sharing literature about the collaborative fieldwork model and should include modeling and case examples of effective intraprofessional and interprofessional collaboration.

The first day of the student's rotation should include a department orientation including expected behaviors, best practices, documentations, and hospital specific requirements. The student's first week with their fieldwork educator is focused on general skills related to safety, patient interactions, and daily strategies including conversations with interdisciplinary team, chart reviewing, and documentation.

A calendar of weekly expectations that include a projected caseload remains an important aspect of the collaborative fieldwork experience. Weekly caseloads are initially reduced to provide the necessary learning time of the hospital setting requirements. The week-by-week caseload and related expectations will likely need to be modified to reflect both individual and collaborative caseload expectations. The caseload will progressively increase each week of the rotation until the student is managing a full caseload as outlined in Table 2. Expectations can include an outline of “downtime” activities such as case studies, literature reviews, and other professional learning activities. These activities can be individual, collaborative, or a combination of both experiences that can reinforce the collaborative nature of the experience.

In addition to updating caseload and other expectations discussed above, intentional modifications to formal and informal meetings to provide students with feedback can enhance the collaborative learning experience and student progression. Feedback can occur in a group setting where students can provide each other with constructive feedback in addition to the fieldwork educator. Time scheduled for students to observe each other’s treatment sessions can enhance the learning experience. Having some time scheduled for individualized feedback and discussions should also be protected, particularly if there is a student who may need additional support. Protected time for students to practice hands on skills together, like transfers and orthotic fabrication, can also be very beneficial to create opportunities for problem solving and clinical reasoning together.

Table 2. Sample Weekly Student Expectations for a Collaborative Fieldwork Model

Week 1	• Participate in orientation with clinical coordinators of fieldwork to review best practices, department requirements, documentation, and location of resources • Half day with FWEd following orientation • Caseload expectation: 4-7 patient total for student team ◦ Individual: 2-3 patient caseload • Hospital and unit tour • At beginning of week, complete chart reviews with co-student and observe FWEd complete evaluations/treatments and documentation • Begin completing co-treatments with co-student for evaluations, treatments, and documentation • Familiarize self with common diagnoses, procedures, precautions • By end of week, begin completing occupational profiles and objective measures (ROM, MMT, brief cognitive assessments) with patients
Week 2	• Caseload progresses to 7-11 patient total for the student team ◦ Individual: 3-5 patient caseload • Student co-treating • Complete chart reviews independently and report pertinent information to FWEd • Obtain vitals • Initiate conversations within interdisciplinary team • Demonstrate environmental/room setup • Demonstrate safety with transfers and interventions ◦ Practice transfers with co-student using mat tables
Week 3-5	• Caseload progresses within the 7-11 patient total for the student team ◦ Individual: 3-5 patient caseload • Competency with billing and productivity • Begin seeing patients more independently from co-student • Design treatment plans • Begin prioritizing caseload • Utilize evidence-based practice into interventions • Demonstrate competency with ethics, OTA/Aide roles, and reflection questions by assignment or discussion for midterm
Week 6	• Caseload progresses to 12-16 patient total for the student team ◦ Individual: 5-8 patient caseload • Complete the midterm evaluation • Complete Fieldwork Experience Assessment Tool to initiate discussion with FWEd • Discuss and complete mid-term AOTA Fieldwork Performance Evaluation as well as progress and goals with FWEd
Week 7-9	• Caseload progresses within the 12-16 patient total range for the student team ◦ Individual: 6-8 patient caseload • Carrying own caseload and prioritizes caseload independently
Week 10-11	• Caseload progresses to 16-20 patient total for the student team ◦ Individual: 8-10 patient caseload • Demonstrate competency with ethics, OTA/Aide roles, and reflection questions by assignment or discussion for final
Week 12	• Caseload progresses within the 16-20 patient total range for the student team ◦ Individual caseload: 8-10 patient caseload • Ensure hand-off of caseload • Complete the AOTA final fieldwork evaluation • Complete FWEd and site evaluation to return to clinical coordinator of fieldwork

Note. The productivity standards may vary on the health care institution size, clientele/acuity, staff productivity requirements

In order to facilitate active learning, critical thinking, and asking pertinent questions is essential. The fieldwork educator can utilize the SNAPPS approach to complete a brief understanding of the student's daily caseload medical and rehabilitation needs (Wolpaw et al., 2009). The SNAPPS approach has been tested on medical students and it was shown to facilitate clinical reasoning skills. The SNAPPS approach consists of the following:

- **Summarizing** the history and findings briefly
- **Narrow** the differential to two or three relevant possibilities
- **Analyze** the differential comparing and contrasting the possibilities
- **Probe** the preceptor by asking questions about uncertainties, difficulties or alternative approaches
- **Plan** management for the patient's medical issues
- **Select** a case-related issue for self-directed learning

It is recommended that the FWEd facilitate brief conversations that are directional and specific to the chart review and professional reasoning of the student. The FWEd educator needs to ensure depth to the students understanding of the medical needs and rehabilitation approach the student has planned for each of their patients on their individual caseload. The student should develop strategies to organize the chart review information as well as their daily caseload evaluation process and treatment plan.

Acute Care Collaborative Model Fieldwork Case Example

When initiating the collaborative model, it is important to initially determine the site's student capacity. The site will need to ensure there is adequate number fieldwork

educators, patient caseload, and number of students appropriate to occupational therapy census. At the second author's hospital, each occupational therapist is required to supervise one student rotation per year. As new educators, the occupational therapist begin their first year as an educator with a typical one to one model of fieldwork progressing to supervising a group of students using the collaborative model in their second year as a supervisor annually.

The site should also determine the impact of utilizing the collaborative model on the operations of the department. The main items to consider are related to patient scheduling, physical space, and the impact on productivity. Site's schedule patients using a variety of methods, so the varying caseloads need to be considered in order to continue to meet the needs of the patients. In regards to physical space, students will need an adequate locked space to store their personal items as well as documentation space. Documentation space can be within the department or on nursing units. Lastly, productivity is important to the revenue of the department. Although productivity tends to be lower at the beginning of the rotation, productivity will exceed the therapist's typical billable units as caseloads and number of patients seen increase.

It is imperative to ensure that all the site's fieldwork educators are adequately prepared to supervise using the collaborative model. The clinical coordinators of fieldwork should setup meetings with the new collaborative model educator to provide and discuss clear expectations and tips for managing two students. A weekly expectations document is helpful for the fieldwork educator to ensure the students are staying on track with practice progress and should be used to structure the fieldwork experience. Suggestions for managing two students can be site created or with use of current articles. Prior to the

students coming on-site, all stakeholders should be aware of the modified weekly expectations for a collaborative fieldwork. The CCFW can be actively involved in developing the modified weekly expectations document and distributing to the AFWC, FWEd, and students. should maintain contact with the fieldwork educator throughout the rotation to provide additional resources and have discussions surrounding the current rotation.

Once the students are on site, the weekly expectations document should outline student collaboration in treatment sessions, practicing clinical skills outside of the patient rooms, discussing treatment plans and medical complexities, using evidence-based practice, caseload expectations, and resources to review. To provide structure to the feedback provided, the SNAPPS model can be integrated by the FWEd. These resources can be created as student projects and can include billing practices, discharge recommendations, and insurance guidelines. The weekly expectations document should be consistently used to assist the students and fieldwork educator consistent in fieldwork progress. An abbreviated example of weekly expectations for students participating in a collaborative fieldwork model in acute care can be found in Table 2.

At the end of the collaborative model rotation, the clinical coordinators of fieldwork should send each student a site and fieldwork educator evaluation form. The feedback received from students can assist in improving the collaborative model approach at the specific acute care fieldwork site. Questions should include program specific questions and FWEd feedback. These questions can use a rating scale or open answer. For example, the site evaluation can include a question about the practice frame work being integrating into practice. An example of a fieldwork educator question

would be surrounding setting clear performance expectations. As occupational therapists, we can continue to improve and grow in our skills in education as we do clinically. Direct feedback to the fieldwork educator can assist to enhance educators' approach to student progression based on student experiences. Some responses can result in direct change within the fieldwork site or with the approach of the fieldwork educator.

Conclusion

The need for additional, relevant fieldwork opportunities that reflect the occupational therapy workforce will continue to present difficulties in the future for the next generations of occupational therapy practitioners. The snowballing effect of the pandemic since April 2020 will surely be a lasting one that will continue to modify fieldwork opportunities for some time. The collaborative fieldwork model is one strategy to addressing the ongoing fieldwork crisis overall and ensure opportunities for future clinicians to be exposed to the acute care setting and to prepare the next generation to practice in this very common occupational therapy setting.

Whether during a pandemic or post-pandemic, taking additional time upfront to prepare for the collaborative fieldwork experience, can significantly contribute to the success of facilitating a collaborative model in acute care. By ensuring that expectations for all stakeholders are clear from the beginning, everyone can contribute to executing the clear communication that is central to the development of an effective working relationship. In addition to having clear expectations and learning objectives, it is beneficial to facilitate consistent and effective communication on student progress and learning strategies throughout the fieldwork experience.

With the creativity, planning skills, and natural openness central to the field of occupational therapy, the profession will find future success implementing the collaborative fieldwork model to ensure high quality experiences for students and future practitioners. It is with these skills that occupational therapy will be able to overcome the barriers associated with fieldwork supervision and continue to provide the necessary practice and professional experiences necessary for the next generation of entry-level practitioners.

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Appendix A

Roles and Responsibilities Acute Care Collaborative Fieldwork Model Stakeholders: Academic Fieldwork Coordinator

Before Arrival	During Fieldwork	After Fieldwork
• Secure fieldwork placements • Organize academic logistics and ensure student preparation for collaborative model • Ensure site meets ACOTE standards • Select students that demonstrate characteristics to support their success in acute care and a collaborative model • Provide students with contact information for scheduled sites • Provide students with copies of the forms needed for fieldwork (objectives, midterm and final evaluations) and review these in a fieldwork meeting • Direct communication with FWEd prior to student arrival regarding: expectations, caseload, scheduling, additional information	• Collaborate with CCFW and FWEd • Provide students with assistance if problems arise during fieldwork • Direct communication with FWEd • Address any general questions or concerns throughout fieldwork • Support student and FWEd throughout the experience • Assist to develop learning objectives •	• Discuss collaborative model experience with the student, FWEd, and CCFW • Provide CEU certificates

Appendix B

Roles and Responsibilities Acute Care Collaborative Fieldwork Model Stakeholders: Clinical Coordinator of Fieldwork

Before Arrival	During Fieldwork	After Fieldwork
• Ensure all documents are acquired from AFWC and student • Communicate site expectations for collaborative model • Direct communication with student via email with orientation information, required documents, schedule, and fieldwork educator information • Review and discuss the collaborative model with the FWEd	• Complete site orientation • Promote collaborative and team learning opportunities throughout the student orientation and during the early weeks of the fieldwork placement (Hanson & Deluliis 2015) • Meet with FWEd to ensure student progress ○ Provide resources and support for the collaborative model ○ Meet quarterly prior to meeting with student • Meet with students regarding general questions and concerns ○ Provide resources and support as a clinician and the collaborative model ○ Meet quarterly • Facilitate site requirements (journal club, projects/in-service)	• Complete administrative details of fieldwork to wrap up/ feedback about FW ED/SWFWE • Collaborate with the AFWC after fieldwork as needed

Appendix C

Roles and Responsibilities Acute Care Collaborative Fieldwork Model Stakeholders: Education Coordinator

Before Arrival	During Fieldwork	After Fieldwork
• Ensure school contracts are up to date prior to student arrival • Problem solve student scheduling with CCFW • Ensure all steps coordinated prior to student arrival • Collect liability insurance for each student • Assist to maintain department operations during student onboarding processes • Complete necessary orientation competencies	• Support CCFW and FWEd as issues arise • Assist with escalation of communications with schools • Provide additional resources to FWEd, CCFW and student during FW placement as needed	• Collect and save student files for seven years • Collect site and FWEd evaluations from students • Determine necessary updates for student program

Note. This role may not be available at all sites or is required. Many of these roles and responsibilities can be completed by the CCFW as well.

Appendix D

Roles and Responsibilities Acute Care Collaborative Fieldwork Model Stakeholders: Fieldwork Educator

Before Arrival	During Fieldwork	After Fieldwork
• Review materials for collaborative model ◦ How to facilitate peer-to-peer learning • Read articles and resources for collaborative model structure • Identify personal learning and teaching preferences •	• Communicate expectations for acute care setting • Provide structured, ongoing group and individual feedback • Structure support for the collaborative learning style ◦ Group feedback sessions ◦ Individual feedback sessions ◦ Expectations for student co-treatments • Facilitate development of clinical reasoning skills ◦ Ask probing questions ◦ Encourage students to use each other as resources • Engage student in self learning and ownership over gaining knowledge • Understand individual learning styles • Utilizing various teaching approaches ◦ Facilitating, coaching, and mentoring • Serve as a role model for clinical practice and professional skills • Identify student performance differences • Oversee the progression of each student's individual caseloads to meet requirements • Provide progressive supervision to promote safety and match caseload acuity	• Complete necessary paperwork and documentation for the student and AFWC •

Appendix E

Roles and Responsibilities Acute Care Collaborative Fieldwork Model Stakeholders: Fieldwork Student

Before Arrival	During Fieldwork	After Fieldwork
• Initiate communication with site • Review relevant resources for site and collaborative model • Send required documents to site by given timeframe • Review expectations for collaborative model ◦ Be prepared to collaborative with your co-student •	• Independently search information, identifying own questions, and utilizing resources for answers • Evaluate own teaching preferences, learning preferences, and teamwork skills • Carry an individual caseload and collaborative patients • Create a professional, collaborative relationship with co-students and interdisciplinary team • “The cohort members are encouraged to share ideas, knowledge, skills, and intervention techniques with one another, and to provide and receive constructive peer feedback” (Hanson & Deluliis 2015) • Peer-to-peer learning (collaborative) ◦ Problem solve and clinically reason together prior to consulting FWEd ◦ Group processing ◦ Positive interdependence • Provide and receive professional feedback from co-student and FWEd • Identify learning opportunities independently ◦ Practice clinical skills with co-student ◦ One-minute preceptor tool with co-student • Complete all projects and assignments of site	• Complete all necessary paperwork • Reflect on collaborative experience • Identify areas of continued growth •