Wil Dielis
Frank Klein Overmeen
w.p.dielis@saxion.nl
f.a.b.kleinovermeen@saxion.nl
www.saxion.edu
Clinical Learning Communities

To strengthen the learning environment for first year students in health care, ‘learning communities’ in clinical settings are developed. Students are placed in these settings in a group composition of 1st - 4th year students, supervised by health care professionals and offered to work on all professional duties and responsibilities. This enables collaborative (with, from and about group members and professionals), authentic (professional context), integrated (all roles and competences) and constructive learning (student centred).

Background
First year students in health care programmes are scheduled to ‘work’ in learning communities in clinical settings, for half or one day a week. These communities focus on collaborative learning and therefore 1st, 2nd, 3rd and 4th year students are brought together.
By active interaction, the first year students learn about, from and with the ‘older’ students. This creates more effectiveness and a deeper, more profound knowledge. There is a focus on a shared purpose, mutual regard and caring, and an instance on integrity and truthfulness. These communities can be seen as the social context in which learning is most productive.
By creating this learning community in clinical settings, students learn in authentic professional situations. Based on the constructive learning theory, it is important to develop this meaningful and representative environment. The height of authentic learning is in the real world with complex problems and their solutions. It brings into play complex tasks, multiple levels of expertise, multiple perspectives, ways of working and habits of mind. Students involved in authentic learning are motivated to persevere despite initial disorientation or frustration, as long as the environment simulates what really counts: meaning and relevance.
The learning community provides the opportunity for students to work/study from a variety of theoretical and practical perspectives and to make choices and reflect on their learning, both individually and as a team or community. The complexity of the work to be done in clinical learning communities incites students to integrate the different professional roles and associated competences. The learning community assumes constructivist learning; not only by creating authentic environments, but also by sharing student’s unique prior knowledge, experiences and beliefs.
Organization
For all health studies in Saxion’s School of Health (physiotherapy, podiatry and nursing) these Clinical Learning Communities are organized. Students participate as ‘junior’ students in the first year of their programme and as ‘senior’ students in their final years. The senior students are situated in the clinic mostly full time and play their role in the community a part of the week. First year students only participate half or one day per week in the community. All students in the learning community have their tasks and responsibilities, based on the level of competence. The clinical professionals supervise the students with respect to their responsibility.

Implications for Institutional Improvement or Advancement
1. Development of communities: it is very important to discuss and describe the learning community with involved clinic and their professionals. Organization, schedule, place and time have to be decided. But more important are the role of the students (tasks and responsibilities) and the role of the supervisor (task and responsibility). Based on these roles, the profiles of parties concerned must be perfectly clear. Contracts can be made.
2. Outcomes: make clear in advance what outcomes are expected by the clinic. This can be done in terms of production and services. Also, students will be offered to work on a project, next to their main job. These projects will be beneficial for the clinic and/or clients/patients/users.
3. Training and information: supervisors and (mainly senior) students have to be informed and trained on their job as clinical leader in the community.
4. Organization of curriculum: to enable as many as possible first year students to have the advantage of these communities, the programme should offer some flexibility, since not all students will join the communities at the same time. For the programme in school, the students can be allowed to join other groups, to prevent missing subjects. For first year students it is recommended to stay about 3 to 6 months in the same community, before switching to another place.

Literature

Institutional Description
Saxion University of Applied Sciences is one of the largest institutions of higher education in the Netherlands, with over 24,000 students. A merger enabled Saxion to build further on its strong position and has come to be recognised as an important centre of expertise at regional, national and international level.
The School of Health offers several programmes: 4 Bachelor programmes (nursing, podiatry, management in care and physiotherapy) and 3 Master programmes (health care & social work, advanced nursing practice and musculo-skeletal physiotherapy). Next to all these Dutch programmes, Saxion School of Health offers a complete 4 - year international physiotherapy programme, taught in English.

Contact
Wil Dielis
Coordinator Internationalization, School of Health, Saxion University of Applied Sciences, PO Box 70000, 7500 KB Enschede, the Netherlands.
Vice president ENPHE (European Network of Physiotherapy in Higher Education)
E-mail: w.p.dielis@saxion.nl
Phone: 0031 53 4871449

Frank Klein Overmeen
Course Director Podiatry, School of Health, Saxion University of Applied Sciences, PO Box 70000, 7500 KB Enschede, the Netherlands.
Email: f.a.b.kleinovermeen@saxion.nl
Phone: 0031 53 4871805

www.saxion.edu