Collaborative Learning-Centered Partnership

Brenda L. Freshman, California State University, Long Beach, CA  
Louis G. Rubino, California State University, Northridge, CA  
Yolanda Reid Chassiakos, California State University, Northridge, CA

Abstract
Health administration education accreditation/certification agencies (CAHME, AUPHA) are calling for graduates to have competencies that will facilitate collaboration across disciplines. An innovative interdisciplinary collaborative program between a campus health administration department and the on-campus student health center funded by a campus Learning-Centered University mini-grant resulted in significant achievement of student learning outcomes based on multimedia assessments. The article provides a case example of how institutional support can assist in achieving campus-wide student learning goals through the implementation of a collaborative learning-centered partnership.

Introduction
Dedicated faculty have sought for generations to promote student learning, most typically within the setting of the classroom or the lecture hall, by focusing on the revision and improvement of course curricula. Student performance on examinations was the usual criterion for achievement of mission success. However, long-term student learning was not always evident or documented with the traditional teaching-focused approach. Expectations for the academic setting today include accountability for the demonstration of achievement of student learning outcomes which include integration of the Council for the Advancement of Standards in Higher Education (CAS) learning and development outcome domains such as intellectual growth, career choices, leadership development, healthy behavior, independence, and collaboration (Council for the Advancement of Standards in Higher Education, 2006).

This emphasis on student learning and accountability has also been reflected in new Federal standards for institutions of higher education. A national panel created by Education Secretary Margaret Spellings, recommended a set of reforms to the U.S. higher education system which includes improving student learning and making colleges more accountable for the services they provide (Powers, 2006). Every college and university in the U.S. today is challenged to evolve into a learning-centered institution.

There are six key characteristics of learning-centered institutions (McClenney, 2003). They are: (1) the institution has clearly-defined outcomes for student learning, (2) the institution systematically assesses and documents student learning, (3) the students participate in a diverse array of engaging learning experiences aligned with required outcomes and designed in accord with good educational practice, (4) data about student learning typically prompt and support the institution and individuals to reflect and act, (5) the institution emphasizes student learning in its processes for recruiting, hiring, orienting, deploying, evaluating, and developing personnel, and (6) key institutional documents and policies, collegial effort, and leadership behavior consistently reflect a focus on learning. The core responsibility within this institutional framework is a paradigm shift from the traditional teaching-centeredness to the new learning (or learner) - centeredness (Weimer, 2002), in which, rather than being passive recipients of information, students become actively engaged in their learning. Faculty have at their disposal a variety of innovative methods through which students can master the desired learning objectives. This paradigm shift and some of the learning-centered practices are outlined in Table 1. See issue website http://www.rapidintellect.com/AFQweb/spr2008.htm
Barr and Tagg (1995) argue that for a college to embrace this paradigm shift from teaching to learning-focussed, the very mission, vision, culture, and structure must be changed. This goal became integral to the mission of California State University, Northridge, an urban, diverse university in northern Los Angeles that serves over 34,000 students, many of whom are the first in their families to attend college. Under the leadership of the President, Provost and Vice President of Student Affairs, a model for transformational change emerged and was implemented campus-wide beginning in academic year 2005-2006 (Kroester, Hellenbrand, and Piper, 2005).

The CSUN College of Health and Human Development adopted a multi-faceted approach to learning-centeredness. Departmentalized departments were replaced by cross-disciplinary cooperatives, a necessary action if the learning paradigm is to be realized (Flynn, 2006). Faculty interest was solicited at a Learning Centered Colloquium and a task force was created which examined the Learning-Centered literature, constructed a definition and framework for understanding the Learning-Centered environment (see Figure 1), and discussed and disseminated Learning-Centered practices. See issue website http://www.rapidintellect.com/AEQweb/spr2008.htm

The Need for Interdisciplinary Learning Experiences

Interdisciplinary collaboration is being called for across the healthcare industry, and educators are seeking ways to effectively teach students the related competencies. In 2003, the Institute of Medicine issued a report, Health Professions Education: A Bridge to Quality, which called for a reform recommending that all healthcare education, across disciplines, teach the following five competencies: work in interdisciplinary teams, employ evidence-based practice, apply quality improvement, utilize informatics, and provide patient-centered care (Greiner and Knebel, 2003).

Accreditors in the healthcare professions are pushing for collaboration at both the professional and university levels. Jeptha Dalston, the former President of the Association of University Programs in Health Administration (AUPHA), the professional association which oversees the certification of undergraduate programs in health administration, recognized the need for more experiential learning and more integrated educational experiences among the various professions working in healthcare (Dalston, 2004). The AUPHA program curriculum statements emphasize a systemic integrative approach. The Commission on Accreditation for Health Management Education (CAHME) criteria specifically delineated applied and integrative learning across disciplines.

To successfully enter an industry where teamwork is the standard for quality care, students must have a breadth of experience with multiple health care disciplines as they prepare for their future careers. A first step for students to gain this “real life” experience is the opportunity to work in a health care setting on campus under the supervision of Department Faculty and Mentors in the field. A review of the CSUN Health Administration curriculum identified that many students approaching their senior year of study had only a theoretical background in the field and had never formally visited or worked in a health care setting, or had worked only one or a few health care “silos” (e.g. laboratory, medical records).

Case: A Learning Partnership for Success

The Health Center Summer Rotating Externship Program at CSUN

At California State University Northridge (CSUN), the Department of Health Sciences partnered with the CSUN Klotz Student Health Center, a full-service ambulatory care facility that sees over 62,000 patient visits a year in a variety of primary care and specialty services, to provide a learning-centered opportunity for health administration students. The program was funded for two years by a $10,000 CSUN Learning Centered University Mini-Grant, and then sustained by the SHC.

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Method

Eight students were selected from a group of interested junior year applicants to work at the Klotz Student Health Center for four weeks during Summer 2005. The students rotated through a series of clinical areas at the SHC such as primary care medicine, nursing and clinical support services, laboratory, radiology, health information systems, dentistry, optometry, health education and pharmacy. Students were assigned for 3-4 days in each clinical area and worked directly with senior managers. Students also received a small stipend ($100 per week) that provided economic support and encouraged completion of the externship.

A professor from the Department of Health Sciences, along with the Director of the SHC, served as the co-coordinators of the program, and senior managers and administrators in each of the clinical areas served as preceptors and mentors for the rotating students. A set of assessable learning objectives and outcomes for each area (Appendix 1) was developed by the coordinators and unit managers. These were provided to the students along with their rotation schedules at a general orientation meeting that introduced the program, its faculty and mentors, and its objectives to the participants. In addition to working directly in the clinical areas Mondays to Thursdays from 9am to 5pm, the participating students were asked to reflect upon their learning about the operational demands of each clinical area and share their understanding with their externship peers by posting on a secure discussion board utilizing WebCT technology. Postings included what students were learning in each clinical area, evaluations of their experiences and feedback about working with clinical mentors. Students were also asked to reflect on how their learning impacted their perspectives on health administration. These on-line journal entries were reviewed by the investigators.

The participants had weekly meetings with a coordinator to debrief, discuss and help each student process his or her experience. The co-coordinators were able to use these weekly meetings as an opportunity to provide additional information about the clinical areas and to help relate students’ practical experiences to their classroom learning. Additionally, the meetings served as an ad hoc focus group to assess the effectiveness of the rotations during the course of the program and identify program strengths and areas needing revision in a timely manner.

Assessment Plan

The investigators took a “case study” approach to evaluate the program as the number of participants (eight) was not large enough to validate quantitative statistical methods. However by employing multiple methods of qualitative and descriptive data collection the intent was to capture the successes as well as the opportunities for improvement in the program. The primary research goal was to begin to catalogue and develop relevant variables in interdisciplinary education for further study. A longer term goal was to develop “best practices” for cross-discipline education.

A three phase assessment plan was developed and administered to gauge the impact of the Rotating Externship. The three phases were: 1. a pre-program, 2. during the program (con-current), and 3. a post-program assessment. The pre-program assessment consisted of a survey that was completed before the orientation day of the program (see Appendix 2). The concurrent data collection methods were three-fold: 1. Learning Journal Report, 2. Tracking of on-line discussion, 3. Participant observation by the investigators of the weekly group debrief meetings. The post program assessment was comprised of three surveys administered; 1. upon program completion, 2. 6 months later, 3. 1 year follow up. The post program surveys were similar to the pre-program survey with verb tense and other word changes to reflect the past program experience on the student’s current academic and professional circumstances (see Appendix 3).

Pre-program Assessment

The pre-program survey was a self-report and contained two main sections for analysis. The first was short essay questions asking students about their expectations of the
experience. In the second section, each clinical area was identified and students were asked to report their level of knowledge about each area.

**Concurrent Assessment**

**Learning Journal Report (LJR)**

Students were asked to keep a learning journal for their own eyes only and to write reflections in it each working day. At the end of the externship, the students were asked to turn in a Learning Journal Report with at least three-sentence answers to the following questions:

1. What technical skills did you learn?
2. What personal/communication skills did you learn?
3. What did you observe with respect to health clinic operations?
4. How can you apply this learning to achieving your career goals?

**On-line Discussions**

Students were to blog on WebCT after each clinical rotation and to share what they had learned and their most interesting experiences in each of the clinical settings.

**Group Meeting Notes**

The capstone activity for each week was a group informational and debrief meeting with one or both of the investigators attending. The group meetings served two purposes. One purpose was the opportunity for students to learn more about clinic operations, administration and leadership issues. Mini-lectures and interactive discussions were conducted about clinic operations and service. The second purpose was to give the participants a venue for debriefing what they felt, observed, and learned each week. Participants were asked about their experiences in semi-structured format, with the investigators raising questions about the learning objectives identified by each department and the students’ experiences during the rotations.

**Post-program Assessment**

The post-assessment was structured similarly to the pre-assessment, maintaining the same two segments a) the short essay questions and b) the section on each clinical rotation. In this segment students were asked to reflect and report on what they gained from the experience, and what was the most valuable thing they learned. Additional questions were added that would be used in program review and revision such as “Did the program exceed, meet or fall short of expectations?”

**Results**

Thematic analysis was performed on the text responses to the pre and post surveys, the on-line discussions, LJR’s, and group meeting notes. These themes are presented in Table 2. See issue website: http://www.rapidintellect.com/AEQweb/spr2008.htm

**Tracking of On-line Discussion**

A total of 77 individual postings were made during the four weeks of the program. The postings included comments about what the students learned in each clinical area, from their interactions with mentors, and of their overall experiences.

**Longitudinal Study**

Follow-up surveys were administered two more times, at six months and one year out, to track the application of the student learning to their current academic and/or professional circumstances.
Six Month Results Summary

Survey responses were collected after six months of completing the program on all eight participants of the externship. On a scale of 1-10 with 1 no value and 10 tremendous value, the mean rating of “the value of the externship to your professional development” was 8.8, and the mean rating of “the value of the externship to your personal development” was 9.0. When asked how the externship influenced their career development, six out of eight students specifically mentioned clarifying career direction. Other themes were; “exposure to different aspects of healthcare,” “increased enthusiasm for the field” and “understanding management tactics and relationships.” Each of the participants had taken steps to advance their healthcare careers. Five out of the eight students were starting, or just finishing, an internship in the field. When asked how the externship helped prepare them for their next steps the predominant themes were “increased confidence,” “importance of leadership and communication skills” and “the applicability of knowledge gained to other circumstances.” Several productive suggestions were made for improving the program; ability to spend more time in an area of particular interest, flexibility in time and structure, and opportunities for improved communication were the themes.

One Year Follow-up

One year after completing the program a follow-up survey was administered to assess the impact of the externship experience on academic and professional life. All eight participants reported value from the externship in their professional and personal lives, with 8.5 out of 10 for professional development, and 9.1 out of 10 for personal development. This is consistent with the 6 month rating. Since the externship, all students have taken some additional steps towards a career in healthcare. Table 3 above compares the participants’ original intentions for joining the program and the value received they report one year later. Because these responses were generated from open-ended text questions, the reported benefits of the program can be viewed in the participants’ own words.

Discussion

The Externship program was shown to provide a collaborative, interdisciplinary learning experience for Health Administration students outside of the classroom.

Student Learning

The information collected from the participants on the three post surveys, 1) upon completion of the program, 2) after six months and 3) and 12 months from program completion, indicates that the health center externship model can provide successful achievement of learning outcomes in health administration. Additionally, when compared to the CAS domains, student responses evidenced gains in skill and knowledge areas such as career choices, leadership, independence, and collaboration. For example, the most frequently mentioned themes of “exposure to healthcare careers,” “career clarification,” and “increasing interest in healthcare” speak to the CAS domain of “career choices.” Since “gaining health care experience” was also the most frequently mentioned goal of participation at the onset of the program, student expectations were in alignment with what they report they received from the program. “Gaining clinical perspective,” “helping relationship skills,” “increasing confidence” relate to leadership and collaboration which are also CAS outcome goals. Table 3, illustrates the student responses. See issue website http://www.rapidintellect.com/ARQweb/spr2008.htm

After review of all data and student and mentor recommendations, the team expanded the program in its second year to include a mentoring component for the externs that allowed them to apply their externship learning by serving as peer educators for first year students. The program was revised to include a greater number of shorter rotations with increased structure and interactive activities built into each rotation.
Learning objectives regarding team building and specific training to enhance building skills were also added to the revised program.

Learning-centered Collaboration
Universities seeking to develop a learning-centered environment may benefit from changing their organizational structure from independent departmental silos to collaborative educational communities of faculty, staff and students (Tinto, 1998; Kezar, Hirsch, and Burack, 2001). Interdepartmental partnerships can develop and provide what is called a “scholarship of integration” (Fried, 2002). This partnership between Academic Affairs and Student Affairs facilitated student learning at CSUN through collaboration across divisional lines.

Conclusion
Becoming a learning-centered institution requires a long-term commitment by multiple stakeholders in a college or university. Developing interdisciplinary partnerships that integrate the curriculum and co-curriculum such as hands-on field experiences within the university can provide the opportunities for students to engage in and demonstrate effective student learning. We encourage institutions to explore options for collaboration among multiple departments and divisions that will promote academic achievement and career development. A small, focused program, using the model of the Health Center Summer Rotating Externship, may be an effective way for institutions to begin the transformational journey.

References

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