

# Annotated Bibliography Chart – Collaborative Models

Article Title & Citation	Keywords	Summary Stating Purpose/ Relevancy	Method	Findings/Recommendations/Conclusions
<p><b>Making Space: The Value of Teacher Collaboration</b></p> <p>Poulos, J., Culbertson, N., Piazza, P., &amp; D'Entremont, C. (2014). Making Space: The Value of Teacher Collaboration. <i>Education Digest</i>, 28-31.</p>	<p>Collaboration; education</p>	<p>A study that looked at “leader and teacher practices” (pg.29) in order to show how collaboration among teachers (who teach the same grades, or same subject) influence student achievement and also assist teachers in improving their practice and solving any problems they may face.</p>	<p>Study conducted by the Rennie Center for Education Research &amp; Policy Looked at 5 urban schools in Boston known for their “progress in advancing academic achievement in all students” (pg.29)</p>	<p>The schools in this study had a sense of joint responsibility for the success of their students, and the school as a whole. To enable such a collaborative work environment, Poulos et al. establish several key practices that need to be considered to create school-wide collaboration (pg.29). These key practices include:  <b>“Establishing structures – and expectations – for collaboration that fosters school-wide participation”</b> (pg.29). By establishing structures and expectations for collaboration teachers gain the opportunity to share experiences that will help others who teach the same grade, or subject matter. To do this “school leaders [should] create the expectation that teachers use team meetings as work time, not just ‘meeting’ time. School leaders routinely hold teachers accountable for achieving team goals. This expectation fosters a dynamic where teachers expect to engage with peers in a discussion focused on instructional issues and hold each other responsible for producing work products” (pg.30).  <b>“Model constructive feedback to strengthen a culture of collaboration”</b> (pg.30). One of the major obstacles to constructive feedback is the resistance to criticize or come across as ‘not being nice’ to your fellow co-workers. Poulos et al. suggest that this obstacle be addressed by leaders as they role model appropriate ways for teachers to “engage in reflective conversation: debriefing classroom challenges, receiving feedback on practice, and identifying new pedagogical techniques to try” (pg.30). It is the responsibility of leaders to provide opportunities for teachers to interact, share new perspectives, and challenge their own beliefs in a team setting in order to facilitate collaboration. (pg.30)  <b>“Create opportunities for peer teachers to work together as a mechanism for developing teacher-led collaboration”</b> (pg.31). Poulos et al.’s research indicates that teachers use time with their peers (outside of meeting times) to have deep conversation about their work with students, and share their knowledge and experiences. “School leaders can support teachers to work together more intentionally by establishing study groups, pairing peer teachers or by creating a school schedule where teachers who share students or subjects area have time to work together outside of team meetings” (pg.31).            These are just some of the key factors suggested by Poulos et al. in order to foster a collaborative work setting for teachers, based on the work already being done in schools known for their ability to support academic achievement of their students.</p>

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<p><b>A new model in teaching undergraduates research: A collaborative approach and learning cooperatives</b></p> <p>O'Neal, P., McClellan, L., &amp; Jarosinski, J. (2016). A new model in teaching undergraduate research: A collaborative approach and learning cooperatives. <i>Nurse Education in Practice, 18</i>, 80-84.</p>	<p>Nursing practice; evidence based; collaboration; education</p>	<p>A collaboration between a university nursing program, and a hospital shows the importance of fostering collaboration and cooperative learning between students and nurses.</p> <p>Based on Knowles' Adult Learning Theory a learning model was created that emphasized evidence-based knowledge and co-learning among students and nurses. This approach is called the Collaborative Approach and Learning Cooperatives Model (CALC)</p> <p>"An innovative approach in teaching an undergraduate research course was developed to involve hospital administrators working with faculty to design a research project for students with an evidence-based focus and to present at the hospital to educate nurses about the state of the science related to evidence-based guidelines, core measures, and national safety goals" (pg.81)</p>	<p>CALC Model implemented in an undergraduate junior nursing research course at a southern university.</p> <p>This approach involved the collaboration between the course professor, Chief Nursing Officer, and Director of Clinical Outcomes</p>	<p>O'Neal et al. begin by introducing "a new process of collaborating with agencies to promote a cooperative learning model of knowledge of evidence based care [which] was developed and identified as the Collaborative Approach and Learning Cooperatives (CALC) Model" (pg.80). Using this model both students and nurses are afforded the opportunity to learn from, and alongside each other. They continue by identifying the terms collaboration and cooperative: "collaboration occurs from working together to achieve something that could not be accomplished through individual work (Bronstein, 2003). Cooperative learning happens when small groups actively participate in learning and share what they have learned with others" (pg.80). In keeping with these definitions, the students were put into groups and asked to choose a clinical question to address a problem that interested them; "students conducted a comprehensive review of literature, synthesized and summarized the information and results, identified application to practice and develop recommendations for the future" (pg.81). The groups then created posters that summarized the information found and the "posters were displayed in the College of Nursing and were graded based on peer review, professor evaluation, and hospital administrator evaluation. Seven posters were selected to be on temporary display at the collaborating hospital" (pg.81-82). Most of the parties involved in this experience noted that the CALC Model fostered new working relations, promoted co-learning and collaboration among area partners, students, nurses and the community. "Undergraduate nursing students not only met a course requirement, but they stated they had 'fun' applying research principles to 'real issues'"(pg.82). While at the same time, nurses benefited from being presented with evidence-based knowledge that supported their practice, without them having to leave their work place for professional development (pg.82).</p>
<p><b>Evaluating a Model of School-based Health and Social Service: An interdisciplinary Community-University Collaboration</b></p> <p>Bronstein, L., Anderson, E., Terwilliger, S., &amp; Sager, K. (2012). Evaluating a Model of School-based</p>	<p>Collaboration; community engagement; interdisciplinary; school-linked services; university</p>	<p>A look at university-community collaboration, that examines the experiences of an interdisciplinary group of elementary school staff and grad students from the fields of education, nursing, and social work, in a school-based service project, in order to support graduation of all students (pg.155)</p>	<p>Exploratory qualitative research study (September 2008 to June 2009) 20 semi-structured</p>	<p>There is a new focus on partnership and collaboration models among services and schools in order to help support graduation rates of all students in schools. These collaboration models vary but may look like "public school-community collaboration [which] include[s] school-linked services (service provided near or at the school), school-based health centers (health services provided at the school), and full-service community schools (integration of health, social and youth development services with the school as a hub)" (pg.156). These types of models are not new, but their implementation into a school settings has been slow and face many challenges. "Profession-driven differences in expectations regarding</p>

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<p>Health and Social Service: An interdisciplinary Community-University Collaboration. <i>Children &amp; Schools, 34(3)</i>, 155-165</p>			<p>interviews looking at supports and barriers to the development and implementation of school-linked health and social services in practice and professional education</p>	<p>confidentiality, turf issues, pre-existing responsibilities, and a lack of understanding of school culture among community-based professionals are some of the barriers to interdisciplinary collaboration in the schools” (pg.156).</p> <p>The purpose of these types of collaborative community-school based models is to help support students who come from low income backgrounds with inadequate access to services. Students who come to school hungry, sick, unable to properly see or hear, or are facing forms of abuse are at significantly more risk, yet it is becoming more difficult for schools to support these children (pg.156). “In response to these concerns and in collaboration with personnel from the local school district, [the researchers] secured support from a local foundation to establish a pilot project in two elementary schools, bringing together resources from the local public university’s School of Education and Nursing and Department of Social Work to develop, implement, and evaluate a model of interdisciplinary school-linked services” (pg.157)</p> <p>To begin the project children were identified as in need of support by school staff and enrolled in the pilot project. At this point the university graduate students from the Nurses program “conducted a comprehensive health screening to assess each student’s overall health and developmental status. Social work interns then conducted a mental health assessment” (pg.157). Next a plan for services were determined for the child. “Based on the results of these assessments, graduate students, working in interdisciplinary teams and under the supervision of faculty, determined what, if any, health or mental health services should be provided. Team members prioritized these services and provided them using a school- and home-based service delivery method” (pg.157).</p> <p>Bronstein et al. note the importance of weekly meetings involving all grad students, school faculty, university faculty (from grad programs), and school social service and nursing staff were fundamental in coordinating service, ensuring coordination and communication among team members (pg.158).</p> <p>To evaluate the pilot project the researchers used an evaluation design called <i>process evaluation</i> which is meant to “aid researchers in overall program improvement by identifying strengths and weaknesses through the use of qualitative methods” (pg.158). Researchers used semi-structured interviews with 10 participants (2 interviews each over the course of the study, equaling 20 interviews in total) the researchers intended to “explore the experiences of six school staff members (two school nurses, one school</p>

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				<p>guidance counselor, one school social workers, and two building principals) and four graduate students (two nurse practitioner interns and two social work inters) involved in the project” (pg.158). The interview questions looked at perceived barriers to and supports for project goals, as well as their opinions about the collaborative process (pg.158). Five different themes emerged from this study;</p> <ol style="list-style-type: none"> <li>1. Collaboration is important and complex</li> <li>2. Differences between schools’ adoption of the project makes a difference</li> <li>3. There is a need for increased nurse practitioner capacity</li> <li>4. There is a need for more parent involvement in the process</li> <li>5. Roles and purpose must be clarified and refined for participant understanding (pg.159-161).</li> </ol> <p>Bronstein et al. remind us that “even when professionals recognize the value of interdisciplinary collaboration, the process is complex and challenging” (pg.161), and “the organizational culture of the school plays a significant role in what services are provided, how services are delivered, and whether or not partnership relationships are maximized. The ways in which individuals engage in the collaborative process may initially be guided by personal orientation or professional discipline, but these are then greatly impacted by school context” (pg.162). Lastly they leave us with the thought that school reform needs more than just a student focus, it needs collaboration in new, different and meaningful ways across services to be successful.</p>
<p><b>Three Collaborative Models for Scaling Up Evidence-Based Practices</b></p> <p>Chamberlain, P., Roberts, R., Jones, H., Marsenich, L., Sosna, T., &amp; Price, J. (2012). Three Collaborative Models for Scaling Up Evidence-Based Practices. <i>Administration and Policy in Mental Health and Mental Health Services Research</i>, 39, 278-</p>	<p>Scale-up; cascading dissemination; community development team; KEEP; MTFC</p>	<p>Examining various methods of scaling-up evidence-based practice through collaborative models. This article takes a look at three different models; Rolling Cohort Model, Cascading Dissemination, and Community Development Teams to help implement two types of research-based intervention models; Multidimensional Treatment Foster Care (MTFC) and KEEP.</p>	<p>Literature review looking at the history and outcomes of the three scale-up models: <b>Rolling Cohort Model</b> – Piolet project implementing this model in 18</p>	<p>Chamberlain et al. begin by defining the two research-based intervention models being up-scaled through collaborative models. The first is the Multidimensional Treatment Foster Care (MTFC) model which, “targets adolescents referred from juvenile justice of child welfare that have sever behavioral problems and are being place in or considered for group or residential care” (pg.279). Evidence of this type of model shows “better long-term outcomes in multiple domains” (pg.297). KEEP on the other hand is a “support and skill building program for regular state child welfare foster and kinship parents that focuses on preventing placement disruptions and increased family reunification” (pg.279). Again, compared to ‘service as usual’ KEEP [which stands for Keeping Foster and Kinship Carers Supported] shows positive effects on child behavior, parenting skills, and overall placement outcomes (pg.279).</p>

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<p>290. doi:10.1007/s10488-011-0349-9</p>			<p>sites over a 4 year cycle (2004-2007)  <b>Cascading Dissemination</b> – Randomized sample of 350 foster/kinship parents in KEEP group vs. 350 in ‘service as usual’ group, which involve weekly group meetings and weekly phone interviews for 16 weeks  <b>Community Development Teams</b> – 53 randomized counties using a Stage of Implementation Completion scale to measure progress of implementing CDT</p>	<p>Chamberlain et al. then goes into the first scale-up collaborative model the Rolling Cohort model, which was originally formed in America and, for the purpose of this article, was being applied in England. “The goal of the Rolling Cohort was to establish a MTFC training sequence for local authorities (equivalent to U.S. counties). First, a small number of sites established MTFC teams to implement the intervention. Next, those sites used the experiences and “lessons learned” from implementing in their local authorities to assist in the implementation of MTFC in subsequent sites during successive yearly cohorts” (pg.279). The number one purpose of this type of collaborative model is to use the experiences gained by one group to help future groups gain capacity without having to start from scratch. The groups that come before will have learned from their mistakes, found new and innovative solutions, and can pass this knowledge down to following groups through communication and collaboration. In 2003 a National Implementation Team, was set up for the purpose of helping to “build program capacity and sustainability, to act as a bridge between researchers and practitioners during the implementation process, and provide support and training to the sites in England” (pg.281). The Implementation Team facilitated “increased exchanges of information and networking across the county” (pg282), and helped to “organize training for staff and foster parents, provide weekly consultants and supervision, attended steering groups with senior managers, organized update events, and received regular audit data and feedback from each site on their development, implementation progress and concerns” (pg.282). Fundamentally the purpose of this team was to guide and facilitate the collaboration needed to spread among authorities and counties.</p> <p>Chamberlain et al. note the challenges that arise from this type of model, which include aspects of managing funding, setting up complex multi-agency teams, scheduling for non-traditional hours, recruiting suitable staff and foster parents, and fitting an American MTFC model into England (pg.282). Although there has been challenges, the process did have it benefits, in that it “has changed the way training and support systems for mainstream foster parents is arranged, it has challenged how residential units are organized, and it has enabled budget holders to ask what theoretical models, treatment interventions, and outcomes might be expected from service providers” (pg.282).</p> <p>Next, Chamberlain et al. discuss the Cascading Dissemination model, which has been used in San Diego county to implement KEEP (pg.279). This collaborative model included the</p>

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<p><b>Community Collaboration to Improve Schools: Introducing a New Model from Ohio</b></p> <p>Anderson-Butcher, D., Lawson, H. A., Bean, J., Flaspohler, P., Boone, B., &amp; Kwiatkowski, A. (2008).</p>	<p>Collaboration; partnerships; school improvement; youth development</p>	<p>An examination of the Ohio Community Collaboration Model for School Improvement (OCCMSI)</p>	<p>Analysis of the OCCMSI model, process and content components that has been piloted in 12 schools and districts</p>	<p>The traditional school improvement model has led to schools becoming silos, with each school having their own site-based improvement teams, focusing on a limited amount of improvements at any given time in order to meet mandate requirements. Current policies such as the No Child Left Behind Act (NCLB) guides priorities that “can be traced to top-down mandates emanating from the school district’s central office and, in turn, from state departments of education and the U.S. Department of Education” (pg.161). These types of policies have led to things like standardized achievement testing focusing on literacy and math skills to show improvement in student achievement. Anderson-Butcher et al. refer to this system of school improvement as “walled-in improvement planning [which] reflects</p>

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<p>Community Collaboration to Improve Schools: Introducing a New Model from Ohio. <i>Children &amp; Schools</i>, 30(3), 161-172.</p>			<p>representing diverse geographical regions and student populations</p>	<p>traditional thinking about schools as stand-alone institutions focused exclusively on young people’s learning and academic achievement, and it also reinforces the idea that educators are the school improvement experts” (pg.162). This type of walled-in approach keeps external resources, opportunities, and assets on the outside, limiting school staff’s ability to influence student’s out-of-school time. The walled-in approaches also limits the school and community’s influence on other nonacademic factors that are known to impede academic success. Another downfall to the walled-in approach is the ‘change-as-improvement’ outlook that follows a “linear, one-at-a-time planning and implementation” approach which forces improvement teams to choose a few needs when faced with many (pg.162). Most problems facing schools and student achievement are intertwined and linked together, so by addressing one issue and not the other makes the challenge of improvement that much more difficult. “School improvement is constrained and even impeded because the site-based team lacks the capacity to undertake complex changes mounted simultaneously across several fronts” (pg.162). The Ohio Community Collaboration Model for School Improvement (OCCMSI) is an extension to the regular walled-in school improvement strategies. The OCCMSI looks to empower the community through strategies that foster collaboration by co-locating health, social services, parents, families, and youth development programs into the school community (pg.162).</p> <p>The OCCMSI “does not require massive relocations of programs and services at a school. Instead, it places a premium on place-based configurations involving the interweaving of school owned and operated and community owned and operated resources” fostering collaboration with the school and community at large (pg.162). This allows educators to address issues that affect learning and student achievement outside of school-hours and emphasizes the importance of “community resources for learning, healthy development and success in school” (pg.163).</p> <p>School achievement has been linked to developmental risk factors such as; antisocial behaviors, emotional problems, lack of basic needs, and unstable home life (pg.163). These risk factors occur outside of school, and the schools are not equipped to address these types of non-school related barriers. With community collaboration of supports and</p>

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				<p>services within the school, these factors can be addressed in order to help support school achievement as well as the overall well-being of the students affected (pg.163).</p> <p>The creation of OCCMSI was an attempt to address two key pathways for school and academic improvements. “First students would receive high-quality instruction aligned with academic content standards. Second, students would enjoy optimal conditions for learning, a pathway expressed colloquially as ‘getting the conditions right for learning’” (pg.164). The desire to meet these two key pathways “set[s] the stage for an expanded school improvement model, especially one that would provide a coherent, comprehensive, and research-supported structure that would unite both improvement pathways” (pg.164).</p> <p>Planning is crucial for this model, requiring research, data collection, and a thorough understanding of the situation at hand. The “planning ‘process’ is a priority and includes partnership building, needs and resources assessment, collaborative infrastructures, initiative and program evaluation, and continuous improvement planning” (pg.164). Research influenced decision making is very important for school improvement models. In walled-in models, improvement is focused on “academic learning goals and instructional strategies for achieving them” (pg.166), whereas the OCCMSI strategy “encourages exploration of both academic and nonacademic barriers and needs that impede student achievement” (pg.166). This model realizes the effects of nonacademic barriers and needs on school achievement, encourages input, supports and collaborates from outside the school. Family involvement is also encouraged in OCCMSI to meet multiple school improvement goals, as reaching out to families and the community only provides more resources and supports in pursuing this objective (pg.166).</p> <p>Anderson-Butcher et al. suggest building school improvement teams by “recruiting stakeholders from multiple backgrounds who have a role to play in supporting student achievement and healthy development” (pg.166). Collection of data about current practices, strategies and resources available is the next step in the process followed by the identification of needs that are currently not being met due to unavailable resources. Developing new partnerships to address these gaps will be crucial. “Collaboration and collaborative leadership structures are fundamental necessities in allowing this process to</p>



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				<p>occur” (pg.167). Also regular evaluation is required to asses the sucessfulness of the processes being used through this strategy. “Evaluation occurs at multiple levels, school-wide in relation to core achievement data, but also program-specific in relation to an identified strategy’s targeted outcomes” (pg.167).</p> <p>The OCCMSI apprach addressed and connects five core content components: academic learning, youth development, partent and family engagement and support, health and social services, and community partnerships. “All five core content components are research supported; all are known to impact student achievement, healthy developpment, and school success” (pg.168). By attempting to address these five componenets OCCMSI can “help schools and communities take stock of programs, services, strategies, and initatives currently operating in their neighbourhoods and identify important needs, conditions, resoruces, and gaps through its planning, implementation, and evealution process” (pg.169).</p> <p>Anderson-Butcher et al. notes that OCCMSI “requires significant coordination among individuals working inside and outside of the school, as priorities focus on the integration and alignment of school- and community-based resoruces and supports for learning” (pg.170). They further go on to explain that school social workers alongside district school leaders are trained to fill the roles required to take on such a model of school improvement. In the case of Ohio “many school social workers are serving as intermediaries – people who corss professional, organizational, and community boundaries and create mutually beneficial relationships and synergies” (pg.170). School social workers have the oportunitiy to address issues from the inside out, instead of the usual social workers role that works from the community, the school social worker can provide services directly in the school and out to the comminty. Anderson-Butcher et al. notes that “these roles and responsibilites for social workers are consistent with their professional education and derive in part from what practicing school social workers already plan and do” (pg.170), the OOCMSI strategy just formalizes these roles and gives school social workers the capacity to do what they have been trained to do.</p>