Clinical Reasoning Skills in the Pediatric Occupational Therapy Course

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Abstract: This paper describes a work in progress in which multimedia is integrated into classroom instruction with the goal of enhancing clinical reasoning skills among third year occupational therapy students. The integration of multimedia and problem-based learning is designed to create a clinical climate in the classroom. The goal is to provide additional opportunities to use learning materials, and to apply the skills and knowledge students need in evaluation, intervention planning, formulating treatment goals and objectives, and documentation.

Introduction

Current trends in occupational therapy education requires the movement away from the memorization of facts ("recipe approach") and toward an analysis, synthesis, and application of the data to provide excellent services to children with disabilities. Learning how to exercise clinical reasoning in the classroom in preparation for the clinic requires more complex cognitive processes than simple memorization. Observation of both typical and atypical children and the posing of problems to be solved assists students in the experience of this process. Peloquin and Babola (1996) and Babola and Peloquin (1999) proposed the creation of a “clinical climate in the classroom”. However, their original work did not explore the use of technology within the classroom for this purpose. The project described in this paper combines the use of multimedia to make the observation of typical and atypical children more accessible to students who do not have access to clinical experiences while receiving classroom instruction.

The Project

The project combines multimedia technology and problem based learning instructional techniques to create a "clinical climate in the classroom" both within the classroom and using the web-based course format, Course Info. The goal of web enhancement of the course is to provide students additional opportunities to interact with the course materials and the instructor outside of class. In addition, students have the additional opportunities to further expand and apply skill and knowledge for evaluation, intervention planning, formulating treatment goals and objectives, and documentation of services of children with disabilities.

The project integrates videotaped vignettes and Power Point presentation into classroom instruction. Power Point combined with video is posted on Course Info providing on line web enhanced simulations. One to five minute video vignettes showing typical and atypical children in a variety of settings engaging in treatments and activities is used to create a clinical climate. Using digital editing systems, the videos can be edited for use in different learning environments. Video is used in three ways: edited stand alone video with and without narration, inserted into Power Point presentations for lecture use, and posted on the web. In addition, the vignettes are used in lab simulations for "thinking on your feet" exercises (e.g. for evaluations, goal writing, intervention planning, and documentation), and as a stand alone hands-on resource available for students to check out at the university library.

Conclusion

The incorporation on multimedia in to the classroom shows great promise to enhance the learning and development of clinical skills. The effectiveness of these techniques and materials will continue to be monitored and expanded.
References


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