Within occupational therapy education, there has been increased attention to curricula and courses that emphasize problem solving, clinical reasoning, and synthesis of information across traditional discipline-specific boundaries. This article describes the development, implementation, and outcomes of a problem-based learning course entitled Selected Cases in Occupational Therapy. The course was designed to help students to integrate the various elements of a specific occupational therapy curriculum and to enhance their abilities to respond to an ever-changing health care environment.

An evaluation of the course by the first 11 students who completed it revealed both strengths and weaknesses. Students responded that the course enhanced their professional behavior, including interpersonal communication skills, team work, and follow-through with professional responsibilities; helped them to integrate the various elements of the total occupational therapy academic program; enhanced their clinical reasoning skills by providing a structure for thinking through clinical issues; and provided personal gain or benefit (i.e., students perceived the course to be a valuable, realistic, and motivating experience). The students also identified several specific course elements that contributed to its integrating function, including content, class session format, and students' role. Identified course weaknesses included the methods of evaluating student performance and the format and content of specific cases.

The most frequently cited difference between occupational therapy curriculum and clinical practice involves the school's emphasis and valuing of theory-based education and the clinician's emphasis on effective techniques for dealing with clinical situations (Green, 1988; Leonardelli & Gratz, 1986; Wittman, 1990). Classroom education and clinical realities often appear to be at odds. Wittman (1990) stated that "major differences between education and practice exist in many areas, including their purpose or focus, their roles and functions, their values and their outcome experiences" (p. 1130).

The Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapist state that "entry-level occupational therapy professional educational programs prepare the occupational therapist to...demonstrate an attitude of inquiry and nurture the capacity for creative analysis and problem solving" (American Occupational Therapy Association [AOTA], 1991, p. 1080). However, clinicians and educators have voiced concern as
to how much or even whether these skills are being addressed. Fidler (1977) questioned whether occupational therapy students were being educated to be technicians or professionals and called for an examination of the “purpose and expected outcome of our basic education” (p. 653). She further stated that “when we teach to answers rather than how to define and pursue the question; when we over-emphasize techniques in preference to how issues may be approached...then, as we have discovered, our graduates are disadvantaged upon entering practice” (p. 655). The cluster of skills that emphasizes the questioning and exploration process has more recently been identified as clinical reasoning (MacKinnon, 1987; Schwartz, 1991). According to MacKinnon (1987), “The basic objective of educating occupational therapy students is to go beyond the transmission of professional knowledge, to develop critical thinking, creative problem solving skills, decision making ability and flexibility of personality” (p. 161).

For occupational therapy students, Level II fieldwork has traditionally served the function of integrating curriculum content and addressing clinical reasoning and professional development skills. However, this means that students must often wait until nearly the end of their academic program to have an opportunity to relate their classroom content to a real-life setting. Clinicians and educators seem to be calling for more and different opportunities other than Level II fieldwork for students to integrate academic and clinical skills before the fieldwork experience.

Initial responses to this call for integrating opportunities emphasized courses that promote problem solving, clinical reasoning, and synthesis of information across traditional discipline-specific boundaries. For example, the occupational therapy faculty members at Tufts University developed a program to help students develop clinical reasoning skills (Cohn, 1993); Neistadt (1987) described a course designed to provide a “classroom-as-clinic” experience; a new occupational therapy program at Shenandoah University in Virginia developed an entire curriculum that emphasizes clinical reasoning and problem-based learning (Royeen, 1995); and VanLeit (1995) described a variety of options for using cases in a course at the University of New Mexico. Although these efforts are encouraging, they report results that are largely anecdotal. Research about the effectiveness of these methods is unreported in the occupational therapy literature.

The purpose of this article is to describe the development, implementation, and outcomes of a specific problem-based learning course for an occupational therapy curriculum. The information presented here adds to the current discourse relating to problem-based learning in occupational therapy and is intended to further the exploration and description of options for integrating theory and practice in occupational therapy.

Description of Course
Selected Cases in Occupational Therapy is a case-study-focused course developed at Virginia Commonwealth University (VCU) in Richmond, Virginia, that uses methods of problem-based learning (Barrows, 1986). It was implemented during the Spring 1994 semester at which time 11 second-year professional master’s students enrolled in the course. The course was designed to help students to integrate many different elements of the overall occupational therapy curriculum. It was intended to:

- Develop students’ capacities for synthesizing course content across the curriculum.
- Increase students’ knowledge and skills in working through real-life clinical issues encountered in day-to-day practice.
- Develop students’ commitment to teamwork, clinical reasoning, and professional development.
- Respond to an interest identified by the department in problem-based methods of instruction.

Because this was an integrating course, students were expected to synthesize and acquire knowledge and skills across traditional practice-specific boundaries or specialty areas. It was not identified as a primarily psychosocial or physical disabilities course, but rather the course was generic in focus. Issues relevant to virtually all practice areas were embedded in the cases.

The course incorporated and addressed issues about the occupational nature of humans, the occupational therapy process, and the occupational therapy practice context. It was organized around beliefs about humans’ occupational nature and their desire to achieve or maintain competence in occupational performance (i.e., work, self-care, leisure pursuits) and performance components (i.e., cognitive, social, psychomotor skills). Students were expected to increase their understanding of how the occupational therapist, patient or client, and family or significant others proceed together from referral, to treatment or intervention, to termination.

Specific Course Elements
Cases used in the course were selected from various sources. Occupational therapists representing different specialty and practice areas and a social worker were consulted to identify typical evaluation and intervention cases in their practice. Relevant patient situations from acute care and rehabilitation settings were selected and modified to assure patient confidentiality. Case studies were also selected from textbooks and journal articles, which were reproduced and modified with publisher permission.
Specific content and format varied from case to case. For example, some cases included information that would be available in a patient's medical chart; some included an occupational therapy evaluation that had been initiated but not completed; and others consisted of a brief description of symptoms or functional limitations and a referral for occupational therapy service. The following are examples of the initial information students received with a case:

Edward is a 38-year-old man who lives in eastern Maryland. He is transferred to the rehabilitation hospital after a 6-week hospital admission. Edward sustained a C-6 complete spinal cord injury after jumping from a fifth-floor window.

Marjorie is a 51-year-old woman who is referred with an anoxic brain injury she had sustained at work.

There were three reasons for the planned case variations. First, because this course was intended to promote a general set of skills (i.e., problem solving, clinical reasoning, professional behavior), a uniform format was perceived as detracting from this goal. A uniform presentation might accustom students to a particular format and make it difficult for them to transfer general skills to different circumstances. Second, because there is no one particular format in clinical practice, it was deemed important for the students to develop flexibility in their thinking and approach to cases. Third, realistic prototype cases are an important component of problem-based instruction (Schmidt, 1983; Walton & Matthews, 1989).

Format for Individual Class Sessions

Working together as a group, the 11 students met with the instructor for 2-hour class sessions once a week for 7 weeks. The sessions were organized, and cases were addressed, through a seven-step format. The first step required the students to select a case from a list of available cases stated in one-line or two-line descriptions. After selecting a case, the students were provided with a longer, more complex set of information. The data contained in the case materials were similar to those typically found in medical charts.

The second step involved clarifying terms and concepts not readily understood. The students read the case aloud and identified unfamiliar terminology. Classmates who were familiar with the terms clarified and defined them for the others. In addition, dictionaries and other resource books were available in the classroom for reference during class sessions.

The third step involved extensive brainstorming during which the students identified questions about the case. They were encouraged to read the case line by line, ask questions, and identify their own areas of interest from the information presented. For example, questions regarding specific treatment concerns and strategies, ethical dilemmas, the role of the occupational therapist and other health care professionals, and specific diagnostic or evaluation concerns were encouraged. The students were encouraged to raise questions and issues that they thought were interesting or relevant to the case and were informed that the issues their group identified could be different from those of another student group. The goal was for the students to identify their interests or learning needs. However, they were cautioned not to raise questions merely for the sake of asking questions. The instructor or a student recorded all questions and comments on large sheets of newsprint that were posted around the classroom.

During the fourth step, students reviewed their brainstorming lists to identify themes and make connections among the numerous items. They then organized the items into general categories such as treatment issues, diagnostic issues, and evaluation issues.

In the fifth step, the students determined specific investigation strategies for between-class study. They reviewed the general categories determined in the fourth step, and each volunteered to research one or more of the categories, which was also recorded on the newsprint lists. The students briefly identified how or where they would pursue the information during the week ahead. Examples of topics briefly identified included examples of ethical dilemmas faced by occupational therapists, comparison of cognitive assessments, differences between left and right cerebrovascular accident impairments, and the occupational therapist's role with brain injury.

The sixth step involved individual study. Students typically used such resources as notes and texts from previous courses, information gathered from earlier clinical fieldwork experiences, contacts with other students or occupational therapists, and the medical library.

For the seventh step, the students returned to the classroom and used the previous session's newsprint list as a guide to report on the information they gathered during the week. They were encouraged to speak freely and spontaneously rather than in a "round-robin" style in order to foster a sense of collaboration and teamwork. After reporting, the group made a decision. If the students still had questions about a case, they reentered the sequence at the third step and identified additional areas of interest about the case. If they believed that they had discussed the case to their satisfaction, they returned to the first step and selected a new case. The students usually spent two to three class sessions per case.

Students' Role

Students were advised before registering that their role in this course would be different from that in many of their previous courses; they would be more active in directing
the course content and more responsible to the other students. The students would determine which issues and problems to pursue, both individually and as a group, and determine which resources would be most helpful in accessing the requisite information. They were advised that a combination of independent thinking and collaborative, shared group problem solving would be the key to the group's success. Further, the students were told that they would be expected to be flexible in their thinking and approaches to treatment issues, honest in their appraisal of their own learning strengths and limitations, and genuine in their feedback to team members with regard to their contribution to the process.

Instructor's Role

The instructor's role for this course as opposed to that in other courses was also different. Rather than lecture, the instructor served as a facilitator for discussion. She did not provide the answers to questions generated by the cases and did not expect the students to determine the right answers. Although the instructor was alert to major issues that could be addressed within a case, the students were responsible for identifying and determining which issues to pursue and how to pursue them. The instructor's role included providing feedback to the group and each individual about problem solving, teamwork, independent thinking, clinical reasoning, and professional skills.

Student Performance Evaluations

The in-class performance evaluation measures developed for this course consisted of peer, self, and instructor ratings of each student's participation in each class session. The students also completed a written take-home final exam.

Peer evaluation. At the end of every class session, each student was rated by two others who had selected the student randomly at the beginning of class. The peer evaluation was a 15-item rating form that addressed the student's use of professional language and behavior; quality of questions raised; sensitivity to complex ethical, cultural, or clinical issues; and factual knowledge of the topic under consideration. The form also had a space for additional comments that would be helpful to the student being evaluated. The students were not aware of who was evaluating them. The instructor transcribed each pair of peer evaluations into one information form, which she returned to the respective student before the next class session. Students were encouraged to use peer feedback in preparing for subsequent class sessions, and the instructor was available to discuss their evaluations.

Self-evaluation. The self-evaluation form contained two parts: (a) the 15-item rating scale used in the peer evaluation but with wording changed to reflect self and (b) two open-ended questions designed to elicit individual learning goals for the student to address between class sessions. The instructor reviewed the self-evaluation forms, provided written feedback, and returned them to the students before the next class session.

Instructor evaluation. The instructor's evaluation of the students' performance was also completed after every class session and was based on the same 15-item rating scale described for the peer evaluation. She returned this evaluation to the students along with the peer and self evaluations in order to provide them with three different perspectives simultaneously. The rationale for this multi-perspective evaluation system was for students to have the opportunity to give and receive feedback in a way that simulated some of the feedback they would be expected to give and receive in a professional or clinical setting.

Written examination. The take-home final examination was designed to give the students an opportunity to independently demonstrate clinical reasoning and problem-solving strategies. The students were given a three-part problem similar to an in-class case. The first step required answering a series of questions about the case and clinical situation. Additional information about the case was then given along with a second set of questions. These questions required the students to incorporate their responses from the first set of questions, however, they could not change their first answers. The rationale was that clinicians make decisions and have to respond to a new set of circumstances on the basis of the decisions they previously made. The third step was similar to the first two in that additional information and subsequent questions were provided to further promote clinical reasoning and problem-solving skills. The criteria for grading the examination included the student's identification of relevant treatment or intervention issues, evidence of clinical reasoning and problem-solving skill, and overall coherence and appropriateness of responses to the clinical situation.

Method

Design

Before registering for the course, the students were informed that besides being students, they would be expected to evaluate all aspects of the course, including its design, instructional methods, and assessments of student performance. Through a naturalistic paradigm (Lincoln & Guba, 1985; Patton, 1990) and a case study (Yin, 1989) approach, data were collected to determine the students' perceptions of their educational experience.

Data Collection

Reflective journal. In addition to serving as facilitator and
tutor, the instructor also served as researcher. She wrote notes after each class session and at various points during the semester in a “reflexive journal” (Lincoln & Guba, 1985, p. 327) in order to record her reflections about the course. The journal included a discussion of important methodological decisions made during the course as well as personal reflections and insights.

Course evaluation. All 11 students completed a course evaluation that consisted of six sections: (a) goals and objectives, (b) methods of instruction, (c) cases, (d) methods of evaluation, (e) requirements, and (d) comments and suggestions. The first four sections were rated with a Likert scale; the requirements section contained a variety of supply-and-select items about the amount of preparation required for the course and resources used. The comments and suggestions section consisted of open-ended questions to elicit the students’ rationale for participating in this educational experience; its perceived effect on them; recommendations for changes to the course; and opinions regarding how, if at all, the course should be continued.

Group interview. A 45-min tape-recorded group interview was conducted as part of the final class session. Semistructured questions required students to reflect on their personal experience with the course and to provide positive and negative feedback about the methods of instruction and evaluation, such as the types of cases selected for the course, the use of cases as the sole content, and the multiperspective evaluation system.

Follow-up interview. A semistructured interview was conducted with each student 6 weeks after the conclusion of the course, during the students’ second 3-month Level II fieldwork. The interview’s purpose was to discuss the students’ perceptions of the course after they had made the transition from the classroom to the clinical setting. The interview consisted of 10 questions developed from the course evaluations and group interview. Examples of questions were the following: Looking back on your experience with the case course in general, how, if at all, did it contribute to your preparation for this fieldwork? Looking back on your experience with the case course, what, if anything, do you think the course helped you to accomplish?

Data Analysis

Content analysis was used to sort and organize the data. Each of the four sources of information (i.e., reflexive journal, course evaluation, group interview, follow-up interviews) were individually analyzed to identify themes (Covey, 1977). The themes were determined in part by the researcher on the basis of her familiarity with the content. However, as the analysis progressed, recurring themes emerged and became the primary category sources. Thus, the content analysis was directed toward emergent and recurring themes within a given source (Lincoln & Guba, 1985).

Aspects of trustworthiness, including credibility, dependability, and confirmability (Lincoln & Guba, 1985), were addressed through a variety of methods and techniques. Credibility was addressed by triangulating data from multiple sources (i.e., each student’s course evaluation \( n = 11 \) and follow-up interview \( n = 11 \), the reflexive journal \( n = 1 \) and group interview \( n = 1 \)), using a variety of information-gathering techniques (i.e., questionnaire, individual and group interviews), and using a two-phase content analysis whereby data were analyzed within and among sources. Credibility was also addressed through member checking (Lincoln & Guba, 1985). Each student reviewed the transcribed versions of his or her interview as well as the group interview to confirm the accuracy of the transcription. In addition, each student reviewed a copy of the interpretations yielded from the content analysis of his or her follow-up interview, the group interview, and the course evaluation materials. Dependability and confirmability were addressed through the audit trail (Lincoln & Guba, 1985).

Results

Three overriding questions guided this study: students’ overall perceptions of the problem-based learning experience, their perceptions of the course’s potential to integrate and synthesize elements of the academic program, and specific course elements that contributed to the integrating function.

Students’ Perceptions of the Problem-Based Learning Experience

Four categories emerged in relationship to the students’ perception of the problem-based learning experience. They described the course as enhancing their professional behavior, integrating various aspects of their academic program, preparing them for clinical fieldwork, enhancing their clinical reasoning skill, and affecting them personally. They also described the course experience as contributing to their self-confidence during fieldwork, fostering their pursuit of self-directed and continued learning, and enhancing their preparation for clinical fieldwork. For example:

It kind of prepared me...I’m not going to know everything, and I’m going to have to spend a little bit of time outside of the clinic looking things up.

It made me aware of how much more enthusiastic some of my classmates were about getting information and trying to learn things than I was. It made me feel kind of bad, but I learned...that I would be happier with myself if I would be more aggressive about. I guess
more responsible for, my own learning. I really saw other people being very responsible about learning things for themselves, and I wish I had kind of gotten a feel for that earlier.

I felt like I learned a lot more when I looked things up or when other people shared things than someone just lecturing in front of the room saying, "This and this and this." ... I think I'm going to remember things more this way.

Each data source elicited comments that addressed this research question (see Table 1).

Integration and Synthesis

Five categories emerged in relationship to the students’ perceptions about the course’s contribution to their ability to integrate and synthesize knowledge and skills. They described the course as having helped them acquire, reacquire, specific knowledge that would be required of them as clinicians. For example, the students discussed their participation as having encouraged them to “review different diagnoses or disabilities,” “review some of the different evaluations [we] studied in previous courses,” and “understand diagnoses better in a more practical way.”

The students had three major perspectives on the course’s impact on their clinical reasoning skills. First, they seemed to believe that the course strengthened their ability to think through and synthesize the various issues of concern in a case or clinical situation. Second, they perceived the course as providing a structure for thinking about various decisions and considerations that are inherent in clinical situations. Third, they discussed the importance of realizing the impact of personal biases on understanding and reasoning through cases. The students described the course as having introduced new areas to consider when working through treatment issues.

According to the students, their experience with the course enhanced their ability to identify and apply clinical skills appropriate to a given situation. Such skills included the use of various specific evaluations or assessments, clinical procedures, and the “hands on stuff.” One student commented that when “people would bring in evaluation forms... we actually took the steps in how we would go about working with different patients... from a variety of standpoints, [that is] the other disciplines that you’re working with.”

Students perceived the course as having contributed to the development of their interpersonal skills. They cited the course as having “improved... listening skills,” “made me take a close look at how I function in a group,” and “increased maturity... responsibility to group... better team player.” They reported that the course helped them to integrate and synthesize knowledge, clinical reasoning, clinical application, and interpersonal skills into a cohesive whole. During the group interview, students discussed their thoughts about the integration of the four elements into a skills “package” (see Table 1). For example, one student commented:

We seemed to tie all this into every case that we had... in general... first we’d present our knowledge... whatever we found out... maybe our role, the clinical skills necessary. We would always tie in professional behavior... "If you were going to sit down and talk with this person, what would you say." The wording... and... the problem solving... I think we hit on those every time... it wasn’t that we hit on one at least once.

Specific Course Elements

Students identified four major course elements that contributed to its integrating function. These were the use of cases as the primary source of course content, the process and format of class sessions, the multiperspective evaluation system, and the emphasis on student direction of class discussion and determination of course focus (see Table 1):

I think it’s been real helpful to have the cases just because it gave us a point to start from... some specifics... and then we could also cover the various [differences], branch out into other things that we thought of... it was a good starting point... just us actually getting the cases and working with real situations.

I think by leaving some things up in the air, it gave us a chance to talk about... how to problem solve... just keep our options open... This is what happened, this is what resulted from it... kind of made us think a whole lot... This is a specific case but also think of other options that may occur... keep the door open to similar experiences but not quite the same.

I also thought the fact that... we would talk about what is the [occupational therapist’s] role, how does it differ from other people’s role, and so... we’re trying to figure it out ourselves, and I think that helps... build your confidence when you can actually see where [your place is] within the team... this is why I have an important part to it.

Students’ Suggestions to Improve the Course

The students identified several aspects of the course that they believed could be modified. Although the multiperspective evaluation system was generally believed to be beneficial, the students suggested some items on the evaluations be omitted or reworded. They recommended expanding the comments section on all three evaluations and stated that the peer and instructor comments were often more helpful than the numerical rating.

The students also recommended encouraging or requiring the class to assume the facilitator or a co-facilitator role for at least one class session. Although they believed that it would be difficult to both contribute to and facilitate the class discussion, students noted that the skills required of the facilitator were similar to group or team leadership skills required in clinical settings. Other rec-
Table 1
Summary of Categories and Data Sources

<table>
<thead>
<tr>
<th>Category</th>
<th>Course Evaluation</th>
<th>Group Interview</th>
<th>Follow-Up Interview</th>
<th>Reflexive Journal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students’ perceptions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional behavior</td>
<td>9 (4)</td>
<td>10 (7)</td>
<td>5 (5)</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Integrating experience</td>
<td>13 (8)</td>
<td>3 (2)</td>
<td>9 (6)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Clinical reasoning</td>
<td>5 (4)</td>
<td>0 (0)</td>
<td>1 (1)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Personal gain</td>
<td>3 (3)</td>
<td>6 (4)</td>
<td>15 (7)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Integration and synthesis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td>5 (4)</td>
<td>1 (1)</td>
<td>8 (5)</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Clinical reasoning</td>
<td>13 (7)</td>
<td>1 (1)</td>
<td>5 (5)</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Clinical application</td>
<td>6 (3)</td>
<td>2 (2)</td>
<td>11 (4)</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Interpersonal skills</td>
<td>9 (5)</td>
<td>2 (2)</td>
<td>6 (3)</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Holistic use of skills</td>
<td>7 (5)</td>
<td>2 (2)</td>
<td>13 (6)</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Specific elements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Content</td>
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<td>8 (4)</td>
<td>2 (2)</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Process and format</td>
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<td>15 (9)</td>
<td>10 (8)</td>
<td>4 (1)</td>
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<tr>
<td>Evaluation system</td>
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<td>0 (0)</td>
</tr>
<tr>
<td>Student responsibility</td>
<td>1 (1)</td>
<td>4 (4)</td>
<td>4 (4)</td>
<td>1 (1)</td>
</tr>
</tbody>
</table>

Note. The number of students responding within each data source are presented in parentheses.

ommendations included offering the course for an entire semester, scheduling class meetings for twice a week, and incorporating a course such as this into each semester of the curriculum.

Discussion

Several connections can be made between the issues that generated this inquiry and the findings. The students’ perceptions of the course indicate that problem-based learning can be a viable element for an occupational therapy curriculum. The students easily adjusted to a classroom format and presentation of content that was, for many of them, unlike most of the courses they had taken previously. They managed to identify “what needs to be learned” and “how to learn it” with interest and enthusiasm. In addition, the course was developed and easily incorporated into an existing curriculum.

The students’ experience with this case-based course contributed to their perceived ability to integrate and synthesize the various skills that are inherent in the occupational therapy process. These included knowledge of specific content, the ability to think and reason through clinical situations, the application of various clinical skills, and facilitation of the interpersonal skills needed to function successfully as an occupational therapist on the health care team. The course seemed to be “realistic” to students because the content was presented in a way that was similar to how they would approach clinical situations.

The students’ participation in the course helped them to realize that they knew more than they thought they knew before entering Level II fieldwork. This is an important finding. I believe that if a student feels more confident while either anticipating or entering a new situation, they may have an easier time making the transition to the roles and tasks required of them in that setting.

Specific elements of the course that contributed to its integrating function included the use of cases as the primary source of course content, the focus on student–student discussion and brainstorming, an evaluation system that emphasized insight into individual behavior and constructive feedback to peers, and the emphasis on students determining the course focus and directing the class discussion. The course elements and comprehensive problem-based learning strategy were specifically intended to enhance these skills within the academic program.

Two additional sources of data provided further documentation that related to the study. Seven students spontaneously included comments on documents that were independent of and not solicited for this study: the VCU curriculum questionnaire, which is completed by students after they finish the entire academic program, and the AOTA Student Evaluation of Fieldwork Experience, which is completed after each clinical affiliation. These comments were consistent with information gathered from the four original data sources and support the research findings.

Limitations

There are two major limitations associated with this study. The first relates to the brevity of the course itself. One may question whether 7 weeks was enough time for the students to fully experience problem-based learning or for strong or meaningful perceptions to have been generated.

The second limitation involves the relationship between the researcher and the students. Readers may question the largely positive results and wonder whether the students merely told the researcher what she wanted to hear. In the past, these students had been candid with their feedback (both positive and negative) about their roles and tasks required of them in that setting.
experiences in other courses that I had taught. They were cautioned before completing the course evaluation and before the group and individual interviews to be honest in their responses and to not to relate what they thought I wanted to hear. In fact, most of the negative comments came from at least two students who expressed that they “wished [they] had put more time into [their] preparation for the course” and that they “would have gotten more out of the course if [they] would have put more time into it.”

Conclusion
This article described the development, implementation, and evaluation of a problem-based learning course for an occupational therapy curriculum. Too often, curriculum elements are developed and institutionalized without detailed and systematic review of their actual or perceived impact on the students and their educational experience. This study was designed to further an existing discussion about instruction methods for occupational therapy students and to offer new information about a problem-based learning component for occupational therapy education.

Acknowledgments
I thank M. Jeanne Madigan, EdD, OTR, FAOTA, for her supervision, the occupational therapy faculty members at Virginia Commonwealth University for their support, and the 11 students who participated in the initial course offering in the spring of 1994. This study was supported by an American Occupational Therapy Foundation student research grant and is based on the author’s dissertation research.

References


