Clinical reasoning and professional behavior are essential to occupational therapy practice. Although each may be introduced in courses specific to the respective topic, integrating both throughout a curriculum facilitates carryover of learning from the classroom to practice (Fidler, 1996; Higgs, 1992; Terry & Higgs, 1993). Learning activities that require students to work together, share and apply information, and reflect on their interactions with peers provide opportunities to enhance clinical reasoning and professional behaviors. Formal debate is one such teaching strategy that promotes professional development at multiple levels. This article describes the use of debate in a course on providing occupational therapy services in school settings.

A Multipurpose Debate Assignment

Students at the University of New Hampshire taking a senior-level elective course on occupational therapy practice in public schools routinely participate in a debate as a culminating course assignment. This assignment requires the class of 20 to 24 students to apply and expand their knowledge and provides an opportunity to practice professional behaviors. Students are divided into two groups, which are subsequently divided into two teams. The two teams within each group are given an occupational therapy assessment report for one of two children. The teams are instructed to develop an occupational therapy program that uses either a direct or an indirect service delivery model for the child discussed in the assessment report. Teams A and B in Group 1 develop a program for a child named Susie, with Team A proposing an indirect service delivery model and Team B proposing a direct service delivery model. Teams A and B in Group 2 complete the same task for a child named Tim. Both children are real but were given pseudonyms to maintain confidentiality. The children are in different grades and have different occupational therapy needs. Working in teams, students spend a 2-hr class session developing a written individual education plan (IEP) for the child, including present performance level, goals, and behavioral objectives. They identify at least three activities that would promote attainment of behavioral objectives, using the assigned service delivery model. Each team envisions and describes its perspective of the child’s feelings and socioemotional development, the classroom environment, and teacher’s strengths and instructional style. During the week, students gather information regarding service delivery models for the debate.

During the next class session, the two teams within each group work together for 10 min to prepare a brief presentation summarizing the child and his or her evaluation results for the other group of students. The remaining class time, approximately 1 hr and 45 min, is divided in half so that each group can present and debate services for Susie and Tim. Teams A and B in Group 1 contribute to a presentation on Susie. Each team gives a 5-min report on the occu-

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pational therapy needs, goals, and behavioral objectives they have developed for her. Using the debate format shown in Table 1, the students present the therapy activities they planned on the basis of the service delivery model they had been assigned. They describe how occupational therapy would enhance Susie’s education and point out the advantages of the assigned service delivery model as the optimal approach to meet her needs.

At the conclusion of the debate, the other half of the class votes on the service delivery approach they believe is most appropriate to meet the child’s needs on the basis of the arguments and rationale presented. The same process is repeated by Teams A and B in Group 2 for Tim.

**Post-Debate Discussion**

After both groups of students engage in debate for their respective child, the instructor leads a wrap-up discussion about (a) service delivery models in schools, (b) the type of clinical reasoning in which they all had engaged, and (c) professional behavior as seen by their interpersonal skills. All students become aware of the value of and reasons for providing direct and indirect services for children in schools. Most expressed their plans to include both service delivery models in their future practice, providing evidence that they have reexamined the options for service delivery, the goal of occupational therapy in schools, and their role as a school-based therapist. The change in knowledge, attitude, and identified role as a therapist in schools are essential first steps to prepare students to work effectively in schools (Bundy, 1997; Dunn, 1990).

Through class discussion, students examine their clinical reasoning, particularly the influence regarding the child’s socioemotional response to therapy and his or her classroom environment. The potential inclusion of the child’s parents, teachers, and other school personnel add new considerations in terms of clinical reasoning and professional behavior. Although IEP meetings are not conducted in a debate format, students are told that they will be required to take a position on issues such as service delivery and have to clarify their position, expressing themselves clearly. Typically, students reflect on how they conveyed their viewpoint and how they responded to opposing ideas and frequently recognize the need for practicing communication without jargon. The outcome of the debate and follow-up discussion lead to future class topics on understanding the classroom environment and developing skills in collaboration.

**Discussion**

This assignment provided an opportunity for students to apply their knowledge to a real child and expand their knowledge regarding service delivery approaches used in the school setting. This assignment, which has been used for more than 10 years in this particular course, has other benefits. It enables students to play the role of a therapist while practicing many essential elements of professional behavior. The instructor-guided, follow-up discussion enables examination of clinical reasoning and interpersonal skills. Additionally, students are able to evaluate their own thinking and performance and reflect on feedback from peers and the instructor.

Academic educators continue to seek methods to promote students’ critical thinking and professional behaviors. As future therapists, students must not only acquire the knowledge base associated with the profession, but also make decisions regarding the most appropriate treatment approach or service delivery option. Furthermore, students must learn to present themselves and their ideas demonstrating occupational therapy values and attitudes (Dinham & Stritter, 1986; Fidler, 1996; Terry & Higgs, 1993). To think and behave in this manner, students must move beyond rote learning of facts, theories, and techniques. Opportunities for applying knowledge, role playing, and reflecting on feedback is key for learning, thinking, and behaving as a member of the profession (Schön, 1987). Debate is one teaching strategy that can facilitate students’ clinical reasoning and ability to share their viewpoints with others as they learn specific content related to occupational therapy practice. ▲

**References**


**Table 1**

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Rebuttal</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 min—Team A (the indirect service delivery side) presents reasons for using indirect service model for the child.</td>
<td>3 min—Team B speaks against using indirect services.</td>
<td>5 min—Team B responds to the rebuttal posed against it.</td>
</tr>
<tr>
<td>7 min—Team B (the direct service delivery side) presents reasons for using direct service model for the child.</td>
<td>3 min—Team A speaks against using direct services.</td>
<td>5 min—Team A responds to the rebuttal posed against it.</td>
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</tbody>
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