

Chapter 4.40

Constructing a Clinical Experience in the Classroom

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ABSTRACT

This chapter demonstrates how contemporary chiropractic education uses authentic “classroom” learning opportunities to prepare students for the clinical practice. Safe professional practice requires a combination of factual knowledge and mastery of those thinking processes required to update and selectively utilise fresh information. This chapter demonstrates how three problem-solving formats can be used to aid students achieve both of these learning objectives. The first scenario describes how, by requiring students to formulate a personal nutrition program, they become aware of the impact dietary choices have on health. An example is then provided of how skills acquired in the area of nutrition can be expanded to incorporate the various dimensions of wellness and transferred into a situation in which a wellness program is negotiated with a client.

The final scenario explores how simulated cases can be used in the classroom to create a cognitive environment that simulates and prepares students for the clinical consultation.

INTRODUCTION

With the restructuring of tertiary education in Australia, vocational courses are now frequently offered as university programs. Unlike vocational education, which has tended to rely on the acquisition of factual knowledge and skills in an apprenticeship type system, traditional university education has focused on abstract learning emphasising conceptual frameworks and underlying principles. While conceptual knowledge is fundamental to the development of a discipline, it does not in itself provide an adequate background for professional practice. Arising from the realisation that activity, concept and culture are interdependent and that understanding must involve all three, it has been

suggested that learning, regardless of the method used, should be embedded in an authentic situation (Brown, Collins, & Duguid, 1989). The creation of authentic classroom learning situations would seem an essential pre-requisite to the undergraduate training of professionals who, upon graduation, are required to practice their craft in real-life situations. This is particularly true for those health professions who are not required to complete a supervised internship prior to registration. One such profession is the chiropractic profession.

Chiropractors practice as primary contact practitioners. In addition to providing manual care, chiropractors serve as portals of entry into the health care system. In order to fulfill the latter role, chiropractic students need to acquire and share the general clinical knowledge and skills characteristic of all primary health professionals. They need to competently screen for disease, treat or appropriately refer patients to other health providers, and serve as a health information resource for promoting wellness. The challenge facing chiropractic educators is to offer a training program that meets the specialist chiropractic and “medical” generalist objectives despite being denied ready access to the teaching hospitals and community health centres used by those involved in training medical students. The dilemma is to provide vocationally oriented learning experiences that produce clinically competent self-directed learners using the classroom, student clinics and the occasional practice. One approach to addressing this challenge is to construct problem-based learning formats in authentic learning situations.

Problem-based learning has emerged as a viable alternative to the traditional curriculum. Distlehorst and Robbs (1998) found that students in a problem-based curriculum perform particularly strongly in the clinical situation. Hmelo (1998) found they demonstrated enhanced reasoning skills in applying science-based concepts to their explanations, while Ozuah, Curtis and Stein (2001)—like Khan and Fareed (2001)—found

they were more enthusiastic about self-study than lecture-based groups. Such skills are fundamental to continuing self-education. However, as clinical reasoning is based upon factual information there is concern that those in a problem-based curriculum may fail to assimilate sufficient factual information. Research suggests such fears may be groundless (e.g., Khan & Fareed, 2001; Enarson & Cariaga-Lo, 2001). Furthermore, Schmidt and Molen (2001) reported that graduates from a problem-based medical curriculum perceive their ability to work independently, run meetings, cooperate and solve problems as greater than that of conventionally trained colleagues. Problem-based learning would seem to be well suited to vocational education. It would seem to admirably meet the “concept” requirement and, when conducted in authentic learning situations, it is postulated to adequately fulfill the “activity” and “culture” pre-requisite for successful learning. Learning in authentic situations is perceived to provide a psycho-emotional dimension to the intellectually stimulating learning environment achieved by a problem-based approach. Problem solving in authentic learning situations makes experiential learning a classroom teaching option. Although ideally authentic learning occurs in the student or private practitioner’s clinic, realistically carefully crafted classroom experiences and community learning experiences can complement, but never replace, this process.

This chapter explores three scenarios in which use of various problem-solving formats in three discrete authentic learning situations prepares students for their future clinical encounters.

PREPARING FOR CLINICAL PRACTICE IN NON-CLINICAL LOCATIONS

Using the notion of the spiral curriculum, three authentic learning experiences are described in which the student progresses from promoting well-

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