Chapter XVII

Authentic Cases and Media Triggers for Supporting Problem-Based Learning in Teacher Education

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Abstract

Within teacher education problem-based learning (PBL) has the potential to enrich teaching and learning across the curriculum. It is suggested that PBL may offer a means of providing authentic scenarios for assisting pre-service teachers before encountering teaching practice. The use of media-based educational triggers and authentic scenarios may form a bridge between their studies and real-world teaching practice. Five media-rich educational triggers are described in early childhood education, physical education, educational technology, project management and inclusive education. Reusable media-based educational triggers may also provide potential resources for other educators within teacher education.
Problem-based learning (PBL) has a long history in the field of medicine, beginning at McMaster University in 1968. Although its underpinnings can be traced to Gagné, Bruner and Dewey, PBL began with a questioning of the relevance of medical teaching in order to emphasise the patient as opposed to the science. Barrows suggested that “students were passive and exposed to too much information, little of which seemed relevant to the practice of medicine. They were bored and disenchanted when medical education should have been exciting” (Evensen & Hmelo, 2000, p. vii). Problem-based learning has been closely associated with medical education since this time and many medical schools around the world approach their teaching and learning using principles of PBL. In general the approach presents students with a problem and requires them to formulate hypotheses, develop questions, gather and interpret data, and communicate their findings to peers and tutors. It is divided into several phases that involve small group work and independent study (Barrows & Tamblyn, 1980; Schmidt, 1993). It is suggested that PBL fosters independent learning, self-directed learning and lifelong learning. More specifically, Barrows (1986) suggested that there are five primary objectives of PBL in medicine which include: “construction of clinically useful knowledge, development of clinical reasoning strategies, development of effective self-directed learning strategies, increased motivation for learning and becoming effective collaborators” (Evensen & Hmelo, 2000, p. 2). The benefits of PBL have been well documented and PBL has become synonymous with medical education.

Primary Focus of PBL

Koschmann (2002) suggests that PBL focuses on three important areas in constructivist education: student-centred learning, collaboration and authentic teaching materials. Student-centred learning focuses on allowing students to set their own goals and determine the resources and the activities that are required to achieve their goals. It is an umbrella concept which includes case-based learning, goal-based scenarios, learning by design, project-based learning and problem-based learning (Pederson, 2003). Central to each of these approaches is an implied or explicit question which may focus on a problem, a case, an issue or a project. Often the question is provided to the students and is ill-structured in nature, requiring learners to provide “a solution, an opinion, a decision, a plan of action or product” depending on the question to be addressed (Pederson, 2003, p. 1). In medical problem-based learning a problem is presented