

Occupational Therapy Clinical Education Program

Clinical Education Tip Sheet

“Using theory to guide practice”

Integrating theory into practice is an essential way for occupational therapists to develop their professional identity, be recognised by society as a profession, and to promote their unique contribution in relation to other helping professionals (LeClair, Ripet, Wener et al., 2013). The Occupational Therapy Clinical Capability Framework (OTCCF) Key Concept Learning Resource titled: Occupational Therapy Theory for Practice (<http://paweb.sth.health.qld.gov.au/qhot/otccf.asp>) provides an overview of generally accepted definitions related to different levels of occupational therapy theory whilst examining ways therapists can use theory to guide practice.

This tip sheet resource is relevant for all occupational therapists regardless of their role including students, new graduates, clinical educators, supervisors, clinicians, leaders and provides tips on the importance of using theory to guide practice.

Theoretical knowledge can be personal or formal.

- Personal theory can refer to how health professionals understand the world and interact with people; their individual values and beliefs, and experiences that I've had in their personal and professional life (Fish, 1991 cited in Molineux, 2012).
- Formal theory refers to theories, frameworks and models of practice or evidence such as research articles, literature reviews, evidence-based reviews and clinical guidelines (Fish, 1991 cited in Molineux, 2012).

It is important to note that the difference between a profession and a technician is the ability to use professional theory and reasoning (LeClair, Ripet, Wener et al., 2013). So whilst technical/rational skills have their place in practice, what sets professionals apart is their ability to incorporate their professional knowledge (or artistry) when approaching their practice (Fish, 1995).

Four practical tips for supporting the use of theoretical knowledge in guiding practice are:

1. Utilise a professional model of practice

Using a professional model of practice can help us to organise and categorise our findings and observations in a way that is unique to our profession. It is a means to utilise profession specific theory in every day practice. Examples of opportunities in daily practice to use a professional model include:

- during reflecting in supervision, with colleagues or individually
- when discussing clients with colleagues or in case conference
- case review presentations.

See the Occupational Therapy Clinical Education Program (OTCEP) OTCCF intranet site Key Concept Learning Resource titled: Occupational Therapy Models of Practice (<http://paweb.sth.health.qld.gov.au/qhot/otccf.asp>) and Appendix I for summary information on occupational therapy models of practice.

2. Dedicated time for reflective practice: supervision and independent

Supervision offers us dedicated time to carry out reflection on our practice. Reflection can also be carried out independently. We can intentionally use a reflective framework to discuss personal and formal theory as a means of implementing theory into practice.

For example if utilising the Gibbs cycle of reflection we critically analyse an experience under the headings of: description, thoughts/feelings, evaluation, analysis, conclusion and action plan (Gibbs, 1988 cited in HETI, 2011). In the thoughts/feelings and analysis phases of the cycle an explicit consideration of the use of personal and formal theory can be included. See the reflective cycle template example in Appendix II for more information.

3. Utilise the principles of evidence based practice

The contemporary principles of evidence-based practice include considering information from the clients values and circumstances, the therapist's clinical expertise, the research/evidence and the practice context in order to guide our clinical decision making (Hoffman, Bennett & Del Mar, 2013). When there is no research evidence available to us, we can draw on our formal professional theory and personal theory to guide our practice. See more information on evidence-based practice at <http://qheps.health.qld.gov.au/ahwac/content/ebp.htm>

4. Be a role model

Regardless of your title or experience you can be a role model to others for improving the way the occupational therapy profession articulates the use of theory in practice. As therapists we need to understand, believe in, and value the importance of theory to our practice (LeClair, Ripet, Wener et al., 2013); so that we do utilise it to guide our decision making. Some examples include:

- Bring a model, article or theory to a meeting or journal club as a point of discussion
- Use the library to carry out literature searching for your practice or quality project
- Make explicit your rationale for interventions when discussing clients
- Ask questions of colleagues and yourself in order to increase awareness of your thinking throughout the clinical process with individual clients
- Discuss theory in your supervision sessions

Conclusion

It is the collective responsibility of occupational therapists to not only generate theory but to utilise it in practice (Kinsella & Whiteford, 2009). Using theory to guide practice is a mechanism for building confidence in our professional identity, articulating to other professions our professional way of thinking and ensuring we are providing appropriately evidence based services (Curtin & Jaramazovic, 2001).

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Appendices

Appendix I: Occupational Therapy Models of Practice

Occupational therapy practice models consist of three common elements:

- **Person**

What are the person's skills and abilities (including cognitive, social, emotional and physical/sensory-motor)?

What values and interests do they have? What is meaningful to them?

What life experience has the client had and how does this impact on their current situation?

- **Environment**

What are the many types of environments that impact on the person and their occupations? (e.g. social, cultural, physical, institutional, temporal and virtual).

- **Occupation**

What are the self directed meaningful and purposeful tasks which the client needs and wants to engage in?

For example consider the commonalities in the following three occupational therapy models of occupation:

	PEO	CMOP-E	MOHO
Person	Unique being, roles, attributes, life experiences, learned and innate skills	Spirituality, affective, cognitive, physical	Volition, habituation, performance capacity, lived experience
Environment	Cultural, socio-economic, institutional, physical, social	Institutional, physical, cultural, social	Spaces, objects, occupational forms/tasks, social groups
Occupation	Occupation, occupations, activities, tasks	Self-care, productivity, leisure	Participation, performance skill

Adapted from: Townsend, E.A. & Polatajko, H.J. (2013) *Enabling Occupation II: advancing an occupational therapy vision for health, well-being and justice through occupation (2nd Ed)*. Canadian Association of Occupational Therapists: Ottawa

Appendix II: Gibbs Cycle of reflection

Description of what happened? Facts only: Describe, explore, support

Thoughts/Feelings: Explore thoughts/feelings

Where you thinking about any particular theoretical approach to practice during the experience?

Were you thinking about any particular personal or professional experiences at the time?

Evaluation: List what was good/what did I do well and what could be improved about the experience?

Analysis: What sense can you make of the situation? What have you learnt? What does it mean?

- *Personal theory*

What personal or professional experiences do you have that could relate to/impact on this situation?

How could you have contributed to how this situation eventuated?

- *Formal theory*

Is there a model of practice/framework that would help you to organise and make sense of the situation?

Are you aware of any theoretical approaches that relate to this experience?

Conclusion: what else could you have done? What should you have perhaps not done?

Identify options

Pros/cons and consequences of options

Action plan: If the situation arose again what would you do? Would you do things the same or different?

Choose option & discuss how that might look

Planning and implementing the chosen option

Adapted from:

Gibbs, G (1988). *Learning by doing: a guide to teaching and learning methods*, Further Education Unit, Oxford Brookes University, Oxford as cited in Health Education and Training Institute (2012) *The superguide: a handbook for supervising allied health professionals*, HETI, Sydney.

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