Occupational Therapy Clinical Education Program

The Occupational Therapy Clinical Education Program (OTCEP) strives for continuous improvement in, access to and the quality of clinical education for pre-entry students and new graduates within Health and Hospital Services across the state. OTCEP provides support to students, their clinical educators, new graduates and their supervisors and produces high-quality, evidence-based clinical education resources.

How to use this factsheet

This factsheet is one in a series with each factsheet aiming to:

- provide a summary of literature and evidence on a key topic for the occupational therapy profession;
- guide reflection on the topic for future learning;
- refresh or extend knowledge; and,
- stimulate discussion and exploration of the topic.

The reflective questions at the end of this factsheet prompt an exploration of practice and the potential for translation of knowledge in practice. This learning activity can be completed by individuals or in learning groups and teams.

Topic: Occupation focused models in Practice

A model of practice may be defined as: “A way of organising that takes the philosophical base of the profession and provides terms to describe practice, tools for evaluation and a guide for intervention” (Hussey et al., 2007, p. 289).

Occupational Therapy (OT) models were developed in the 1980s as a way to support an occupational focus in practice, as an alternative to an impairment focus (Joosten, 2015).

Within the OT profession, occupation is the central, defining construct and as such occupation focused models assist the organization of theory about occupation and occupational performance in a way that is meaningful and accessible to everyday practice (Baum & Christiansen, 2005). While the interaction between the person, environment and occupation is an essential consideration within OT, further structure is required to enable a process for action (Joosten, 2015). Occupation focused models provide this structure.

Occupation focused models are important in practice because they:

- Make explicit the assumptions of the profession, in particular how it views the nature of occupation.
- Assist therapists to define their scope of practice.
- Provide a framework for organising knowledge and collecting information contributing to the understanding of a client’s occupational issues – in other words models guide our clinical reasoning.
- Outline a process to use when addressing relevant issues to OT practice, to ensure a systematic and comprehensive approach.
- Demonstrate the professions’ body of knowledge to internal and external stakeholders, ensuring professionalism and accountability.

(Adapted from Turpin & Iwama, 2011 and a statewide OTCEP New Graduate video conference presentation in April 2016 by Tim Barlott, Associate Lecturer in OT, University of Queensland. A recording of this presentation can be viewed here: https://webcast.gigtv.com.au/Mediasite/Play/547530a4dd06408191ad9bd101c579d21d)

In a complex healthcare environment, it is important for occupational therapists to be able to articulate their unique contribution to the client and the healthcare team. What do we do that is different to our colleagues of other professions?

“As health care moves towards understanding the importance of function, participation and occupation, occupational therapists would be well served to use occupation-focused theories to guide intervention.”

(Wong and Fisher, 2015, page 297)
The most commonly models taught in OT curriculums in Queensland, identified by University staff are:

- Canadian Model of Occupational Performance and Engagement (CMOP–E)
- Kawa (river in Japanese) Model
- Model of Human Occupation (MOHO)
- Occupational Performance Model (Australia), OPM(A)
- Person-environment-occupation (PEO) Model
- Person-environment-occupation-performance (PEOP) Model

Each model has its own identifying concepts but they share a common focus on the relationship between the person, the environment and occupation.

It is essential that occupational therapists are able to critically analyse available models in relation to their evidence base, concepts and practical use. One model may not always be sufficient and may need to be complimented with other Occupation-focused models (Wong and Fisher 2016).

Boniface and Seymour (2011) remind us that being a professional entails not automatically applying theories, protocols or models to practice but about using them with discretion based on the individual patients needs.

Further information regarding occupation focussed models generally including an overview of many listed above can be found in the OT Key Concept Learning Resource titled: Models of Practice in Occupational therapy

Reflective Questions

1. Which occupation focussed models are used in your area of practice?
2. In what ways do they support your practice within the specific clinical setting where you work?
3. Do you have any specific learning needs related to OT models in practice?

Would you like to explore occupation focussed models further?

1. Request a copy of the OT Key Concept Learning Resource titled: Models of Practice in Occupational therapy by contacting your local OT CESO or email OTCEP@health.qld.gov.au

2. Explore the references and activities within the above Key Concept Learning Resource or the references documented at the end of this factsheet.

The OTCEP has produced a series of OT Key Concept Learning Resources able for use by individuals or groups as a reference guide or as a workbook. The learning resources address the key concepts identified in the Occupational Therapy Clinical Capability Framework (OTCCF). The OTCCF is an integrated and coordinated framework for clinical education and training for occupational therapy in Queensland Health. It has been designed as a resource to support clinical development for occupational therapists with different levels of experience. Contact OTCEP@health.qld.gov.au for more information or see the OTCEP QHEPS site (soon to be updated) http://paweb.sth.health.qld.gov.au/qhot/otccf.asp

References


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