Professional Reasoning in Everyday Practice

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# Plan for the Day

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Pacific University Oregon
Objectives for the Day

- Aspects of professional reasoning
- Development of expertise
- Schell’s Ecological Model of Reasoning
- Support communities of practice
  - effective socialization
  - ethical practice
  - effective occupational therapy.
Professional Reasoning

Clinical reasoning- the “classic term”

The process used by practitioners to plan, direct, perform and reflect on client care

Professional reasoning- the emerging term

Broadens the concept to include supervisory, managerial, and educational perspective related to service delivery
Why Study It?
*To Improve Practice!*

- Understand the nature of reasoning guiding therapy actions
- Clarify the connection between reasoning and action
- Identify the outcomes resulting from our actions
- Reflect on reasoning in light of outcomes
Let’s Start with a Real Case

Practitioners/students
Think of a case or therapy situation in which you had to take action.
• Who was the client?
• What was going on?
• What did you do?
• What was the setting in which you did it?
• Who else was involved?

Fieldwork educators
Think of a student you supervised recently.
• What were his/her strengths?
• What were his/her challenges?
• Describe a situation which typified this student’s performance
Reasoning at Multiple Levels

• Human reasoning in general
• Personal variances
• Context of reasoning
• Focus on problems
Human Reasoning

• Information processing
  – Long term memory
  – Working memory

• Memories include
  – Verbal
  – Visual
  – Somatosensory

• Organized in schemas, scripts, frames, chunks
Expertise

• Pattern recognition
• Problem finding
• Intervention options
• Skills for implementation
• Recognition of possible trajectories
Novice to Expert

Now let’s talk about how we develop expertise...

- A developmental process
- Requires experience
- Requires reflection on experience

Experience + reflection = expertise

10 years of experience or the same year 10 times?
Personal variances: Biological

- Sensory processing
- Gardner’s multiple intelligences
  1. Linguistic
  2. Musical
  3. Mathematical/logical
  4. Visual/spatial
  5. Interpersonal
  6. Intrapersonal
  7. Bodily kinesthetic
  8. Naturalistic
Personal Variances: Life

• Experiences
  – Personal
  – Cultural
• Preferences & beliefs
  – Likes/dislikes
  – Perceived skills and limitations

Sound familiar? Well, being a therapist is just another example of occupational performance!
Taking an ecological approach

What you do, what your student does all happens in a context which includes:

• Who you are and what you bring to the party
• Who the client is and what he/she brings to the party
• Who the student is and what he/she brings to the party
• What the party is like!
Therapy action: An ecological process

- **Therapist**
  - Personal lens
  - Professional lens

- **Client**
  - Personal lens
  - Expectations of therapy

- **Context of therapy**
  - Organization
  - Time
  - Physical resources
  - Caseload
  - Payment
  - Discharge options
Let’s try this out on your case

- Therapist
  - Personal lens
  - Professional lens
- Client
  - Personal lens
  - Therapy expectations
- Practice context

*How did all this affect what you do?*
In fieldwork....interactions among

- Clinical instructor
  - Personal lens
  - Professional lens
- Student therapist
  - Personal lens
  - Professional lens
- Client
  - Personal lens
  - Therapy expectations
- Interactions between student, client and clinical educator?
Kinds of Professional Reasoning

• Scientific (Diagnostic, Evidence-Based Procedural)
• Other Procedural
• Narrative
• Pragmatic
• Ethical
• Interactive
• Conditional
From Thinking to Action

• What are we thinking?
• What are we doing?
• What outcomes are we getting?
• How are these shaped by our communities of practice?
But first....

• Let’s feed our stomachs and our souls...
Life and learning happen...

“Communities of practice develop around things that matter to people”

(Wenger, 1998b, p.1)
Communities of Practice...

- ... enable socialization and learning as a part of everyday life.

“Learning in this sense is not a separate activity”

Wenger’s Main Assumptions

• Humans are social beings
• Knowledge is competence in the context of a valued enterprise
• Knowing is a result of active engagement in the world
• Meaning making is the ultimate outcome of learning
Model:
Community of Practice

- Community
- Practices
- Social Learning
- Identity
- Meaning
Constructing the Model of Communities of Practice

Communities are: a collection of individuals who are pursuing a common enterprise
Model: Community of Practice

Practices are the tools and procedures used by a community to accomplish its work.
Model: Community of Practice

Identity is ... a way of talking about who we are ... created from personal histories taken from stories about our community.
Meaning making is our way of making sense of our changing life and world.
Model: Community of Practice

Blended aspects of CoP result in socialization & social learning
Legitimate Peripheral Participation

New members (or novice OTs) begin on the periphery until they master the practices, goals, identity and meaning of the community.
We participate in many simultaneous communities...
Powerful Practices

• Clarity of practice
• Fidelity of intervention
• Effective outcomes

How do we shape effective communities of practice – which, in turn, support effective practitioners – who, in turn, provide effective outcomes?
Best Practices – Teaching in CoPs

Teachers & Learners co-construct knowledge

Shared experiences in Authentic contexts

Learners articulate knowledge

Shared reflection for: Meaning/reasoning/practice
What are we doing?

It is not so simple to go from thinking to doing....

• Are we doing what we think we are doing?
• What do we call it?
• Is it the same thing as what others are doing when it goes by that name?

The issue is *fidelity*
Fidelity

• How accurately does the therapy provided match the principles or theories that were the rationale for that approach
  – Integrity- was it implemented as intended?
  – Differentiation- is it really different from another approach?

• For example what exactly do we mean by
  – Occupation-based practice?
  – Client-centered?
  – Sensory integration approach?
  – OT approach to hand therapy?
Occupation as Therapy Intervention Choices

Based on Fisher, 1998 & Schell, 2003

- Contrived exercise
- Practitioner
- Practitioner
- Remediate Impairment

Passive & Preparatory
Purposeful activity
Therapeutic occupation
Compensatory occupation

Ecological relevance
Source of purpose
Source of meaning
Focus of intervention

Naturalistic occupation
Client
Client
Improve Performance
Occupational Therapy Intervention Scale (OTIS)

A way of examining therapy as it occurs

• Action
• Talk
What are the options?
Based on Occupational Therapy Intervention Scale (Schell, 2002)

Occupational activity:
- Activity which naturally occurs in culture & is part of client’s occupational routines or plans

Purposeful activity:
- Activity which naturally occurs in culture, but not usual part of the client’s occupational routines

Preparatory/enabling activity:
- Therapy task which doesn’t typically occur in the culture (cognitive drills, coordination exercises)

Passive/adjunctive:
- Client is passive recipient (PAMS, PROM, splint). Typically done prior to or concurrent to therapy
How is therapy done?

• Therapy action
  – Occupational, purposeful, preparatory or passive

• Therapy talk
  – Discussions related to the activity continuum
  – Discussions and client education related to health condition and typical course
And finally...outcomes

Did the professional reasoning lead to accurate therapeutic assessment and interventions that in turn led to credible outcomes?

Just because we think we are helping, and just because they got to breathe “OT air”, doesn’t mean we are responsible for the outcomes.
How did the reasoning shape therapy actions that improved:

• Occupational performance?
• Adaptation?
• Health and wellness?
• Participation?
• Prevention
• Quality of life?
• Role fulfillment?
• Access?
So the big questions

• What is happening in your communities of practice?
• What are you and those around you thinking?
• What are you and those around you saying?
• What do you have to work with
Making it happen

• Your own willingness to consider alternate approaches
• Practicing eliciting occupational information
• Clinic resources
  – Assessments
  – Common tools, settings used by your clients
• Context visits
  – Home, work, play, wherever
• Reimbursement
  – Focus on outcomes
  – Document performance changes
Powerful Practices

• Reflect on your thoughts and practices
  – Publicly
  – With data
• Walk the talk and talk the walk
  – Clients, rounds, meetings, documentation
• Find willing partners
• Create nurturing communities and practices