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Occupational Therapy Knowledge and Professional Identity: Students' Experiences of Problem-based Learning

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Knowledge and PBL



- What knowledge do occupational therapy students think they need?
- How do students on a PBL programme determine what knowledge is important for occupational therapy practice? Who or what influences this decision?
- Do OT students prioritise different types of knowledge?
- Does PBL fashion a particular professional identity?

Why is this important?

- Knowledge (and our view of it) shapes our identity as learners.
- PBL research on the student experience has focused too much on the ‘story of individuals’ this can result in solipsism- where free floating narratives are seemingly divorced from the **structure** of the PBL programme

Development of OT in the UK

- OT expanded during the early part of the 20th century, and OT began to be used to *rehabilitate*, e.g. soldiers from both wars, or as a *diversional* technique, e.g. within psychiatric hospitals.
- In the UK creation of the NHS established OT within the health sector, but under the patronage of doctors e.g. CPSM
- From 1960s onwards increasing dissatisfaction with OTs association with reductionistic medicine.
- Professionalization of OT, e.g. Health Professions Act 2001
- Growth of a research culture in to occupational therapy and occupation

Why use PBL for the Education of OTs?

- In the UK, OT education comprises three year (two year post graduate) degree programmes,
- OT courses in the UK follow standards set by COT and WFOT. These allow for much freedom in delivery but specify some content e.g. medicine, anatomy, theories of occupation, as well as 1000 hours of practice placement
- OT and PBL philosophy share similar characteristics e.g. client centred /student centred, process orientated with context specific knowledge
- Cardiff course uses PBL from the outset and throughout the three years. Each year has a particular theme i.e. assessment, planning and intervention, evaluation

Theoretical Framework

- Basil Bernstein's concepts were used heuristically
- 'Classification' (+/-) and 'Framing' (+/-)
(Rhetorical representations of pedagogy)
- Strong classification = 'collection code'
- Weak classification = 'integrated code' (i.e. PBL)
- 'Recognition Rules' (associated with 'classification')

Framework contd.

- Differentiating the structure of knowledge:

‘Vertical’ and ‘Horizontal Discourse’

Sample/Method



- Twenty PBL students ; entering the PBL (full-time) programme via different educational pathways: 10 from access/vocational courses in health and social care (integrated code). 10 with traditional A level qualifications (collection code)
- Semi -structured interviews exploring students' previous forms of learning, their views of knowledge, their experiences of PBL and knowledge in relation to group work, placement assessment etc.

Some findings....

'Classification' and 'Framing' of Previous Pathway

A levels were split into modules, which is something that I liked about it actually, because you had a structure...it was well organised but you were spoon-fed the information by the teacher (Bronwyn, A level student)

The health and social care was a foundation block for OT, it looked at things like physiology, communication and healthcare which is a major issue when you are out there in practice. It considered development and human development which OTs are concerned with (David, AVCE)

'Recognition' of PBL

There are lots of girls on the course [PBL programme] who have done some fantastic things, they have worked in other countries, they have gone out to orphanages and things, it's lovely to hear what they've seen and done. Also, it can help you, it can give you a little bit of an insight, a little bit of information into what is what (Kate, Healthcare student)

When I started [PBL group work] I thought other people might not bring back as good as information as me, so it would be then up to me to go and do the research that they had been given as well as my own. Basically if people bring information back and it's just from them, what they think, or what they've seen, then you are not going to need it.. are you? (Harriet, A level student)

Anatomy 'vertical discourse'

I haven't had a problem with studying anatomy or conditions on the PBL course I did a lot of applied anatomy in my previous course and I found it is something that you only use when you need it. (Anna, Healthcare student)

With anatomy you need to build from the basics and that's the downside of PBL. I don't teach PBL but personally I couldn't see why why we didn't have anatomy up front. (Mia, A level student)

Anatomy 'Vertical Discourse'



I think people were happy to go off from the group, research stuff, come back and feedback what they have found. But I think that learning stuff like anatomy in this way could lead to fragmented knowledge (Gareth, A level student)

Placement ('horizontal knowledge')



Placement provides the practical of working with others, and things you can never learn in college like how to order equipment; the practical day to day working of the system like how you are going to deliver the best service to your clients. (Karen)

With placement it's the 'hands on stuff' really. It's the client contact and actually working as an OT (Joanne)

Case studies ('horizontal discourse')



We have learned that it is important to understand what the occupational therapist does in practice. In approaching a case study, I might speak to an OT based in a similar setting. I would want to concentrate on what an OT would do to help this person get back as far as possible to his occupations and everyday routines. Because as OTs, that's what we are supposed to be looking at. (Vicky)

PBL Philosophy Discourages 'Vertical Discourse'

In the first year, some people including myself went to a staff member and said, 'we want to learn about this, or we want to learn about that'. And the staff member said 'why? They said, if you can justify why you need to know it then we'll include it into the OT course. None of us ever bothered to suggest anything again (Gareth)

Dispositional Professional Identity

OTs need to be understanding, considerate and non-judgemental (Mary)

It's hard to say what an OT is really. I think it is a belief in helping people to be independent.. It is about seeing people as unique individuals (Anna)

Dispositional Identity

You need to be caring to be an OT. You need to be client centred and think about all the things that affect a person's life. How their occupations are affected by illness. This is learned through the course, it is just something that is embedded in you... As the course progresses and you learn more, then you become more of an OT (Joanne)

OT Knowledge



We haven't any particular knowledge, because I find we take our knowledge from different places (Susan)

I would say your unique knowledge as an OT comes from where you are working; it comes from practice (Rebecca)

OT Knowledge



***I don't feel like we have had a definite period on the PBL course where we have learned about humans, how they use their time and what shapes it. It is only because of my research project that I have ended up looking into the theory of occupation. But I'm not particularly confident in talking about this and I don't even know whether I should. Then I thought maybe I shouldn't because it hasn't really been mentioned.* (Paulette)**

Specialising OT Practice

Nurses and doctors I think are more biologically based than OTs. They are interested in medication and stuff like that (Fay)

I can relate to the philosophy of OT practice and I think that's what sets OT apart from everyone else; it makes us different from other professionals (Louise)

The Problem of A Dispositional Professional Identity

I've noticed that we are not the only profession that thinks about issues like holistic practice. Nurses talk about the need to be holistic with their clients too (Harriet)

The Problem of a Dispositional Professional Identity

My last placement was in a role emerging setting. I felt that PBL was good because I knew I had the skills to find things out, what questions to ask and who to go to, to find out information. This was a service for the homeless it was community based and very multi-disciplinary based was a team ethos that focused on health issues. But because everyone was working to the same broad idea, with similar beliefs, it was difficult to isolate the OT's role (Mary)

Recommendations

- Need for an **explicit** (visible (Bernstein)) curriculum so all students recognise that PBL integrates different forms of knowledge
- Students need to be made aware of the **‘knowledge of occupation’ /occupational science** since this specialises OT practice, and differentiates OT from other health and social care professionals

Thank you!

Arigatou gozaimasu