OT Clinical Educator Tips

"Clinical Reasoning"

Clinical Reasoning in Occupational Therapy (OT) can be defined informally as the process used to understand:

- the client's occupational needs,
- to make clinical decisions and judgements and
- as a means to think about what we do. (Schultz-Krohn & Pendleton, 2006)

It can be increasingly difficult as we become more experienced, to put our expertise into words, particularly when students are asking us to explain everything we do and why we do it. Often students will ask their clinical educator "What did you do? Why did you choose to do what you did?" Effectively they are asking you to explain your clinical reasoning.

It is important for OT's to be able to articulate their clinical "way of thinking" for two reasons:

1. We need to be able to justify our actions and explain what we do and why, to foster the profile of OT and for other disciplines to understand the value of our profession
2. To identify, understand and articulate the clinical reasoning processes that we use, so we can facilitate its development in ourselves, colleagues and students (Turpin & Fitzgerald, 2006)

There are a range of different types of clinical reasoning used in OT

Fleming (1991) introduced the concept of three track reasoning where therapists move smoothly from one form of thinking to another to analyse, interpret and resolve clinical problems. These are:

Procedural: used when thinking about disease or disability, functional performance problems and deciding on treatment options
Interactive: focuses on the client as an individual and the therapist's interaction with the client.
Conditional: an attempt to integrate procedural and interactive reasoning by focuses on therapy as a whole and represents the OT perspective of being holistic, involves looking towards future outcomes.

Additionally other authors have identified alternative forms of clinical reasoning:
Ethical: considers that of the many things that could be done for the client, what must be done? (Rogers, 1993 cited in Turpin and Fitzgerald 2006)

Scientific: uses a hypothesis generation and testing approach, i.e. problem solving (Schell, 1998 cited in Turpin and Fitzgerald 2006)

Narrative: uses story telling as a way to understand the client's experience. (Mattingly and Fleming, 1994, cited in Turpin and Fitzgerald, 2006)

Some ideas to assist students to develop different types of reasoning include:

Procedural: encourage students to consider client factors and body structures/functions and have them connect these to intervention planning
Examples of questions: What is the diagnosis? What prognosis, complications and other factors are associated with this diagnosis? What is the general protocol for assessment and intervention with this diagnosis? What interventions are usually employed?

Interactive: encourage students to try and understand the situation from the client's point of view
Examples of questions: Who is the client? What are the client's goals, concerns, interests and values? How does the client view their occupational performance? How does the condition fit into the client's performance patterns? How might I engage this client? How can we communicate?

Conditional: encourage students to try to understand the whole person in the context of their life
Examples of questions: What contexts has the client identified as important to their life? What future can be imagined for this client? What events could or would shape the future? How can I engage the client to imagine, believe in, and work toward a future?

Ethical: tell stories of clinical experiences that raise ethical dilemmas to encourage vicarious learning.
Examples of questions: What is the power discrepancy between therapists and clients? How do we ethically use this power? What are the issues associated with this situation? What are the possible options? What are the likely risks and advantages associated and the likelihood they will occur.

Scientific: encourage students to describe their pre-assessment image of the client based on referral information, medical chart notes, team communication and any clinical assessments performed. From this describe to the student how this information can form the basis of hypotheses that guide the assessment, documentation and team working approaches that may be undertaken.
Examples of questions: What information do you need to gather to formulate an intervention plan? What further information would inform your clinical practice? If you found "this", what do you think that could mean? What do you think now that you know "this"? What do you think might be happening? How could you test that out? What do you think that assessment might tell you? What intervention might you try and why? How will you know whether they are working?

Narrative: encourage the student to ask clients to explain or describe their life and current situation or tell stories that share your personal perspectives on working with clients who are both similar and different to those the student is working with.
Examples of questions: What does the change in occupational performance mean to this client? How is this change positioned within the client's life history? How does the client experience the disabling condition? What vision does the therapist hold for the client in the future? What "unfolding story" will bring this vision to fruition?
(adapted from Turpin and Fitzgerald 2006)

Conclusion

As therapists we rarely use just one type of reasoning, instead we switch between the different types quite rapidly and so quickly sometimes that it would appear we are using a range of thinking processes simultaneously.

References:

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