CLINICAL REASONING:
A FRAMEWORK FOR COMMUNITY OCCUPATIONAL THERAPISTS

Donna Reason
Occupational Therapist
Test your self……

Q’s
Name 5 types of clinical reasoning

What practice challenges influence my clinical reasoning?

What are the OT core skills?

How do I know my clinical reasoning and decisions consider all relevant elements?
Objectives of the session

To report on some of the findings of my research project.

- What does community OT in New Zealand look like?
- What practice challenges influence clinical reasoning?
- The value of the clinical reasoning framework to practice
- Recommendations
Why I chose to study CR

Personal reasons/concerns
• CR challenged daily as comm OT
• Impacts of lone working on CR & OT identity
• Supervising juniors who were lone working

Professional reasons/concerns
• If we know more about CR can we explain better?
• Impact on clients and sustainability of OT role if therapists struggle with CR and their professional identity
What does community OT in NZ look like? a snap shot

• wide range of roles
  e.g. clinician, consultant, educator, advisor and interpreter of different disability funding criteria, specialist assessor for disability funding, clinical governance, counsellor, advocate

• wide range of interventions
  e.g. functional assessments, pressure care and postural management, home modifications, wheelchair and adaptive equipment, acute and long term condition management, some intense home based rehabilitation
• wide diversity of clients and conditions
  e.g. paediatric, adults, elderly. neurological/ respiratory/
muscular skeletal/cognitive/chronic multiple medical
conditions. long term and brief interventions

• increasing service delivery demands
  e.g. set contracts for specific intervention types that are
managed via DHB’s. changes almost constant. work from
community health bases with MDT. high workloads and
expectation of fast throughput. Clinical governance
…and rural community OT?

- multiple chronic conditions
- low socioeconomic background
- communities that are predominantly Maori and Pacific Islander
- paediatric clients
- travel+++ and a large geographical area
- May involve work in rural hospital too
- Lack of cover or admin
- professional isolation
Challenges of the role

Practice related:
• Time and resources
• Overlap of systems and services
• Navigating through the funding streams

Client related:
• Expectations of therapy, from clients and families
• Wide & varied scope of the role – each referral substantially different
Talking about clinical reasoning?

- All participants described CR
- All struggled with identifying types of CR
- All used past experience to guide their CR and decision making (for some experience was limited)
- All used supervision and informal discussions with colleagues (not always OT as limited contact)
- None used a specific practice guide/check CR
- The uptake of integrating relevant theory and/or research into practice was scarce
Implications for clinical reasoning

• Nature of the role limits time and ability to keep abreast of relevant research

• Therefore use of personal theories accumulated over years of practice is common

• Dealing with many complex clinical situations leaves therapists feeling overwhelmed

• All exacerbated by professional isolation and can lead to loss of professional identity......poor client care
What is the value of using a framework in clinical practice?

provide a structure that encompasses all of the elements for consideration

Helps to make good therapeutic decisions and keep interventions relevant to practice

positive outcomes for:
✓ the client
✓ the service
✓ the profession
The Clinical Reasoning Framework and Toolbox

• a visual representation of the link between the different aspects of CR and the complexities of clinical decision making.

• developed from clinical reasoning frameworks that have been influential in occupational therapy literature and influences on CR such as the ethical and reflective aspects of decision making

• during the process of CR, thinking moves from one quadrant to another, in any order, numerous times and continuously. Prompt questions and the toolbox offer suggestions that the therapist might find useful when considering each quadrant /aspect of reasoning.
What are the ethical issues and consequences?
What are the expectations and responsibilities of the therapist/client/system?
What should I do?
How can safety be ensured? (risk/benefits)
What are the cultural values and beliefs? (personal/client/system)

Who is the client? What is their situation?
What is their story? How do they view their illness/disability?
What are their problems, views, goals?
How can we work together?
Awareness of cues from the situation.
What practice skills and tools can I use?

What past experience(s) can I use to guide this intervention?
Reflection: Occurring in action (self awareness/judgement/ awareness of the situation)
Reflection: Occurring on action (after the event)
How can I apply my learning? Modification of future practice?

What do I know about the diagnosis and prognosis?
What do I identify as problems?
What is the context of the situation?
What processes do I need to follow?
What theory and approaches will guide my practice?
Am I working within scope of my practice?

• Scientific/procedural reasoning
• Interactive/conditional reasoning
• Learning and reflection process
• Ethical reasoning

Scientific/procedural reasoning
Interactive/conditional reasoning
Learning and reflection process
Ethical reasoning
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<tr>
<th>Scientific/procedural reasoning</th>
<th>Interactive/conditional reasoning</th>
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<tr>
<td>• OT process, theories, frames of reference, models and approaches</td>
<td>• Assessment/observation</td>
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<td>• Relevant protocols and guidelines</td>
<td>• Therapeutic use of self</td>
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<td>• Contextual awareness of the practice setting (pragmatic reasoning)</td>
<td>• Client-centred goal setting/ interventions</td>
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<td>• Evidence-Based Practice</td>
<td>• Narrative reasoning/story telling</td>
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<td>• Problem identification and solving process</td>
<td>• Education: visual feedback/role play/modelling</td>
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<th>Learning &amp; reflection process</th>
<th>Ethical reasoning</th>
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<td>• Clinical supervision</td>
<td>• Moral principles: individual/society/health</td>
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<td>• Peer review</td>
<td>• Professional code of ethics/conduct</td>
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<td>• Reflection models i.e. Gibbs cycle</td>
<td>• Clinical supervision and peer review</td>
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<tr>
<td>• Reflective journals</td>
<td>• Ethical frameworks i.e. the ethical grid</td>
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<tr>
<td>• Sharing of ideas and best practice</td>
<td>• Client-centred/reflective practice</td>
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The value of using the clinical reasoning framework to practice

The evaluation study concluded that the framework:

A) Provided a structure to guide clinical practice
B) Encouraged and facilitated engagement in critical reflection
C) Helped clinicians identify gaps in their knowledge
D) Brought to the foreground the multiple aspects of clinical reasoning
E) Encouraged the use of theory and best practice
There is an increasing need to justify our role and clinical decision making against rising cost and the needs of our clients. This means that we have to continuously review and improve our practice, and be able to communicate the value of our profession to key stakeholders.
Recommendations: 1

Occupational Therapists and Students

TRY IT!!!! *the CR framework*

Why? to challenge and develop your thinking

Who? students and clinicians (any level/area)

How? easy to use and no training required

When? self reflection and supervision sessions

Where? your desk/with your supervision notes/keep at eye level where you can see it, not in the drawer
Recommendations: 2

Occupational Therapists

Make more of a conscious effort to incorporate into your day to day practice:

- the philosophical core assumptions of the profession
- the language of occupation

Validate the complexity of our role
Recommendations: 3

**Occupational Therapy Schools**

- Reconsider how clinical reasoning theory is presented to students as part of the undergraduate curriculum

- Consider using this clinical reasoning framework as a learning and development tool

Educators also have a responsibility here