

OCCUPATION IN PRACTICE
Professional Issues Forum
27 July 2006
WFOT 2006 Congress

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About the participants

- 21 people attended
- 11 people were from Australia, 4 from Sweden, 3 from South Africa, 2 from USA and 1 from England
- People identified their area of practice; some people identified they had 2 areas of practice eg: educator/researcher: 11 people identified themselves as either a clinician or a practitioner, 6 people identified as managers, 5 people as educators, 3 people as researchers and 4 people as students (3 undergraduate, and 1 postgraduate).
- The numbers of years each person had been an occupational therapist (excluding the 3 undergraduate students) ranged from 4 to 40+, the median number of years as an OT was 18, the group's average number of years as an OT was 17.

The participants discussed in small groups what they wanted to get out of the session and then as a large group the following responses were volunteered:

- Keeping the occupation focus in the system rather than being something the system wants us to be
- How to best facilitate clients to re-engage in occupation after an impairment/disruption to their occupational lives
- Having the time to do occupation with clients
- How many others talk about occupation with their clients? How many others are thinking/talking/doing occupation?
- Instilling the value of occupation to our colleagues from other professions – especially the value of paid occupations
- Learn about developments elsewhere and to establish links with others
- Looking at how students from an occupation-focused curriculum can integrate into a practice that is less occupation-focused and change this situation
- How to prepare students for a hostile context and to retain an occupation-focus
- What does an occupation-focused practice in acute care look like?
- Thinking about co-negotiated occupation-focused practice between clients and OTs
- What language to use to promote occupation-focused practice? An occupational lexicon – translating occupation to non-occupational speakers
- How to maintain confidence across a lifetime of OT practice?

- Instilling the message of occupation to those who haven't heard it
- Have concerns about safety limited our practice and our clients' engagement in occupation? A non-allowance of taking risks in occupation
- Explore how to incorporate indigenous knowledge into occupation-centred practice

Participants self-selected themselves into 3 small groups and discussed their group's issue for 15 minutes and then a summary of discussions was shared in the large group:

- 1. Sharing examples of occupation-focused practice / How to implement occupation-focused practice? Examples of occupation-focused practice included:**
 - engaging clients with chronic pain in doing creative activities such as pottery and carpentry
 - finding ways to help clients be less occupationally-deprived
 - helping people with mental health problems to return to paid occupations
 - helping people to engage in occupations so they could experience the value of these occupations
 - discussing occupational disruption and alienation, etc with people and helping them to identify occupational risk factors in their lives
 - helping people who feel alienated from work to re-engage in these occupational through group work, peer support and outreach
- 2. Discussing the constraints that limit occupation-focused practice and what can be done to overcome these barriers.**
 - Constraints such as that health systems can dictate the OT role, the pressure for discharge from health services and student training were listed
 - The service that one person worked at had turned the issues of constraints "on its head" by re-prioritising the criteria for OT waiting lists. Patients who were due for immediate discharge were considered low priority for OT since this kind of referral resulted in OTs doing less occupationally-focused practice than they wanted to, it left them stressed, tired and anxious, and it meant that patients only received basic-level services. In addition, since these patients were marked for discharge it appeared that the "hospital system" had already decided they should be discharged regardless of OT concerns or interventions. This re-prioritisation was seen to make OT more satisfying and occupation-focused (and practice became more in the control of the OTs).
 - Another way of overcoming constraints was proposed as highlighting the unique role of OT

3. A broad ranging discussion about a number of issues about occupation in practice

- The **language** used to describe occupation-focused occupational therapy was a large topic of conversation in this group
- Talking OT to medicine-oriented colleagues in order to help them learn about OT was proposed
- This group discussed some flaws of medical model thinking and how OT could be of tremendous benefit to patients
- It was suggested that occupation-focused language could be “weaved” back into the medical system
- It was suggested the OTs should publish in both OT and non-OT journals

Finally, in a large group a number of suggestions were proposed about the role that WFOT could take in regards to this issue:

- Developing a position paper on OT in an acute care setting
- Collecting and sharing relevant papers about the OT role eg sharing via a website
- Publishing case stories about occupation in practice from around the world in the WFOT Bulletin, for example as a regular column
- Publishing case stories about occupation in practice in member association newsletters
- Finding out more about occupation-focused practice, how to lobby for occupation-focused practice and how to fund occupation-focused practice
- Hold a Think Tank about occupation in practice
- Meet again in Chile for WFOT 2010 Congress

Postscript:

When we collected information about participant demographics, the participants were asked to include their email addresses if they would like to stay in touch with each other to further the discussion about occupation in practice after the conference. Sixteen (16) people indicated willingness to be involved in further e-discussion. A listserv has been created that is hosted by Charles Sturt University in Albury, NSW, Australia, and is managed by Clare Wilding. This listserv is offered free of charge to those who use it (members are responsible for their own costs in relation to subscribing to an email service). The self-selected participants and the facilitators of this PIF are currently subscribed to the listserv. We will be asking the participants if they would like to open the group to broader membership and we will advise WFOT about this outcome once we have consulted with the group.