Clinical Reasoning in Occupational Therapy

The year 1986 heralded the beginning of a significant research study in occupational therapy. The American Occupational Therapy Foundation (AOTF) and the American Occupational Therapy Association (AOTA) jointly funded a year-long pilot study to examine the clinical reasoning processes that reflect the occupational therapist’s knowledge and use of theory in practice. The impetus for this study came from a presentation to the Commission on Education at the AOTA Annual Conference in Kansas City in 1984. Donald Schön, PhD, a member of the department of urban planning, Massachusetts Institute of Technology, presented his work on the reflective practitioner. Schön argued that in the practice of any profession, theory emerges through transactions between client and professional when tough, unique solutions are required in areas where a field’s accumulated knowledge has not provided adequate answers for the immediate dilemma. In earlier work with medicine, architecture, and urban planning, Schön and his colleagues had demonstrated that the accumulated knowledge of a field can never be adequate to provide solutions to all problems presented by clients. Therefore, these scholars argued, it is imperative that professions reconsider the emphasis on content while increasing the educational focus on the reasoning process.

Several members of the audience were intrigued by this presentation, efforts were made immediately to promote a study of clinical reasoning in occupational therapy. Dr. Schön’s enthusiasm for such a study has led to the current research by a team of occupational therapists, under his guidance. It is the purpose of this article to present the research strategies now in effect and to pique the readers’ interest so that they will follow the progress of this work, which undoubtedly will have many implications for practice, education, and research.

The Clinical Reasoning Study, which will be completed in November 1987, is centered in Boston, to allow the research team to consult regularly with Dr. Schön. Project director Cheryl Mattingly, a doctoral student in urban planning at the Massachusetts Institute of Technology, has extensive experience in using ethnographic research techniques. It is important to understand the composition of this research team and the various roles of its members. First, there are three graduate students in occupational therapy who serve as research associates for the study and who are also being trained as researchers. Their role is to assist in the data collection and analysis, to assist the project director with interviews, to videotape patient-therapist transactions, and to interpret the tapes and interviews. Second, there are seven faculty members from three Boston area schools of occupational therapy who regularly participate in the tutorials with the project director and Dr. Schön. They are learning the process of ethnographic research and contribute to the data analysis phase of the study. Third, there is a (remarkable) group of seven therapists from a Boston area hospital who have become members of the research team because they have agreed to allow their practice to be studied for the purposes of this research. They represent occupational therapy in pediatrics, hand therapy, spinal cord treatment, general physical disabilities and neurology, and psychiatry. Their participation and the sharing of their professional experience has substantially enhanced the quality and depth of the study.

The students and the project director meet frequently, with the students contributing between 50 to 100 hours per month to the study in return for a small stipend. Two of the three students have the satisfaction of using material from the study of their master’s theses. The clinicians, students, and the project director meet at the hospital on a regular basis to scrutinize the interviews and case histories collected through the treatment and evaluation sessions. The entire team meets monthly, spending a day in seminar to examine and analyze the data that have been accumulated through the study. Thus all participants are aggressively engaged in exploring and understanding the ethnographic research process, a process that promises to become extraordinarily valuable to the profession of occupational therapy.

The goals of this study are (a) to examine the ways that theory is used in practice and emerges from practice, (b) to identify the apparent relationship between the professional ed-
ucation process and the practitioner's ability to engage in clinical reasoning; and (c) to recommend additional research that would both strengthen the educational preparation of the therapist and permit the ongoing development of theory in occupational therapy.

Two paradigms appear to be in operation when therapists treat their patients. These two lines of reasoning seem to conflict, and therapists appear to struggle with the implications of adhering strongly to either of them. They may be described as the mechanistic paradigm, which is most readily characterized by the practice of medicine, and the phenomenological paradigm, which represents an orientation to being in the world, a sharing of oneself through meaningful activities and interactions.

To the extent that the therapist can adhere to the medical diagnosis and the constraints that such a rationale places on decision making and the therapist's professional role, the mechanistic paradigm provides an adequate basis for practice. This paradigm is dependent upon the traditional scientific method as its primary method of research. It is operationalized in an authoritative mode, with the physician directing patient care and other personnel responding to the directions provided.

The occupational therapist, however, is committed philosophically to viewing the patient as a whole person—not as someone with an injured part—and as one whose life should be considered in the context of a satisfying living environment. Such a phenomenological view necessarily requires an understanding of motivation, behavior, life-styles, values, and roles that extends far beyond the constraints of a medical diagnosis. In addition, research that leads to an appreciation and understanding of the complexity of the disabled person's life must necessarily examine the individual in the context of his or her life's situation; however, the conventional reductionism must be replaced by the more naturalistic modes of inquiry. Treatment requires the collaborative efforts of the therapist and the patient, and any external direction must be tempered by the interests, abilities, and motivation of the patient.

As we examine the paradigms more closely, a number of questions emerge concerning theory development and the implications for occupational therapy academic and clinical education.

What is the knowledge content required by each paradigm for a therapist to operate at a professional level? Should both these paradigms be operating within the profession? What are the reasoning processes that must prevail in each paradigm? Where and how should content and thinking skills be developed? Under what kind of tutelage? What is the significance of theory for each paradigm? What are the implications for territorial boundaries across professions, given each of these modes of thinking? What is the nature of the research to be undertaken by occupational therapists? What constitutes professional behavior within each paradigm? Given the nature of professionalism required, the type of reasoning demanded, what kinds of persons should be sought after through our recruitment practices?

This small pilot study has easily raised all these questions and countless others. In its final report, the project staff will attempt to provide a synthesis of the data that suggests how these two paradigms are used in practice and what the implications are for increasing the effectiveness of clinical practice. They will identify options for additional research and make specific recommendations for the development of educational programs based on the findings of the study.

AOTF is committed to supporting innovations in education and research. This study promises to provide direction for new programs—programs designed to prepare practitioners and scholars for their task of providing professional care that is truly responsive to the humanistic needs of the disabled and disadvantaged.