

Five heads are better than one: advancing occupational therapy through co-construction

(Reflections from the 2019 Occupational Therapy Canada forum)

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The 2019 *Occupational Therapy Canada* (OTC) Forum, held on May 29th, 2019, in Niagara Falls, Ontario, took the form of a reflection day entitled *Five heads are better than one: advancing occupational therapy through co-construction*. Facilitated by Dr. Andrew Freeman, 25 representatives from the Association of Canadian Occupational Therapy University Programs (ACOTUP), the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), the Canadian Association of Occupational Therapists (CAOT), the Alliance of Canadian Occupational Therapy Professional Associations (ACOTPA), and the Canadian Occupational Therapy Foundation (COTF) participated. The OTC Forum was organized by a working group comprising representatives from these five organizations.

How the 2019 OTC Forum theme was chosen

Occupational therapy, similar to other professions, is a complex entity that evolves within complex environments. All professions constantly develop in the face of new knowledge and other factors, including increasing requirements to justify services in both effectiveness and economic terms. In recent decades, occupational therapy's evolution has included clarification of its focus upon occupational enablement through an exploration of its roots and refinement of its theoretical foundations (Townsend, 2013). These steps have been accompanied by a gradual repositioning of this profession's role.

All health professions, including occupational therapy, are under considerable pressure. There has been a trend towards greater explicit and implicit external control on health professional practice (Carrier, Freeman, Levasseur, & Desrosiers, 2015). In a related vein, many health professionals have had to satisfy an increasing number of sometimes-incongruent obligations to a variety of stakeholders (Freeman, McWilliam, MacKinnon, DeLuca, & Rappolt, 2009). Increased resource pressures (Armstrong, 2013), heightened concerns about risks for clients (Baker, 2012), and insufficiently justified variability, which may dilute quality of practice (Wennberg & Thomson, 2011), are all reasons for these trends. There are also considerations specific to occupational therapy, which is a relatively small and less powerful profession, and whose approach differs significantly from the biomedical approach that tends to predominate in the health care system. Concerns arise based on the potential direct or indirect impact of these many external controls on service quality (Braithwaite, Herkes, Ludlow, Testa, & Lamprell, 2017; Turcotte et al., 2015).

In light of the pressures associated with the contemporary practice context and occupational therapy's ongoing challenge to make its case, this profession must maximize its capacity to act strategically. Although the successful evolution of any profession requires areas of specific expertise—for example, education, regulation, research, and promotion—a global coordinated vision that is more than the sum of these parts, or co-constructed, is also critical. *Occupational Therapy Canada* decided that further developing its capacity in this area was an appropriate goal for its 2019 reflection day.

What is co-construction?

Co-construction is an ongoing process carried out among stakeholders to develop sustainable solutions. Each stakeholder, with their unique mandate and obligations, has a legitimate contribution to make in the identification of solutions. Solutions must by definition be negotiated; differences in views are to be expected. Co-construction is more likely to lead to impactful solutions because of the advantage of collective expertise.

The following questions can be asked in a co-construction process:

- Are we familiar with each stakeholder's mandate, non-negotiable obligations, and restrictions?
- What are the priorities and current issues being addressed by each stakeholder?
- What is the specific issue on which we want to progress?
- Which stakeholders might share this interest and why?
- What are these stakeholders' respective non-negotiable obligations and possible restrictions that might influence the issue?
- What is the weight of these obligations relative to each other?
- What is the collective understanding of the issue that emerges from this analysis?
- In light of the collective analysis, what actions can be envisaged?
- Can these solutions be supported by the stakeholders? If not, why?
- If there are limits for stakeholders, what elements can they support?
- What steps might be required to meet stakeholders' respective obligations (e.g., verification with their board of directors)?
- What is the specific action plan?

How the day was organized

The reflection day commenced with a brief presentation of the rationale and process for co-construction. Subsequently, each of the five stakeholders provided a brief summary, which they had been asked to prepare prior to the reflection day, of their responses to the following questions:

- What are three key topics that your organization has been grappling with during the last year?
- What are the key strategic priorities that your organization is currently working on?
- What are the topics or strategic priorities that could potentially benefit from co-construction with the other occupational therapy stakeholder organizations in Canada?

A wealth of interesting reflections and potential issues for discussion emerged from these presentations, for example:

- The need for effective *branding* (effective public messaging and/or a public awareness campaign) to advance knowledge about the profession
- Effective inclusion of future and current occupational therapists with disabilities
- Development of a common competency document
- Accreditation of entry-level occupational therapy programs
- Appropriate gap-filling activities for internationally educated occupational therapists
- Development of practice resources to support the profession
- Advancement of research-informed practice

Working in groups of five individuals comprising a representative from each stakeholder organization, each group decided upon two of these issues with which it would practise using the co-construction process. The groups then worked through the co-construction process questions for each of the issues. Our emphasis was more upon becoming confident with the process than necessarily advancing significantly the issues being discussed. The reflection day concluded with some reflections and general recommendations on using the co-construction process.

Discussion and recommendations

A number of interesting observations emerged from the discussions, such as an appreciation of the general value of working with other profession stakeholders, including gaining a better understanding of their perspectives (mandates, obligations, and restrictions). Several participants emphasized the importance of not presuming an understanding of these perspectives. The usefulness of having a structure to guide the work with other stakeholders was also mentioned. Several groups expressed some

frustration about not having enough time to pursue in detail the discussions about the specific issues that they considered; hopefully, the work that they accomplished during the reflection day will be a useful springboard for them to continue.

At the end of the reflection day, some suggestions were presented about how to make co-construction a habit in our profession. Achieving a collective vision entails some legitimate challenges and is necessarily an ongoing process. Although there are many shared elements across the respective missions, visions, objectives, and strategic priorities of each stakeholder organization, they are each governed by their own board of directors who are in turn answerable to their members or other stakeholders. Organizations have to determine how a common vision can continue to be debated, revised as needed, and then reinforced across respective mandates and priorities.

In working towards making co-construction a habit, each stakeholder organization might find it useful to ask the following questions:

1. How might other stakeholders see the issue (advantages and disadvantages)?
2. Should we be informing them about our thinking and plans?
3. Should we be inviting their collaboration and not presuming in advance whether it's relevant or not to have their perspective?

Despite the considerable work that remains to be accomplished, the reflection day appeared to sow important seeds for this ongoing growth and change. This sense of optimism was well captured by one participant who commented, "I leave with a great sense of cooperation and collaboration in advancing occupational therapy. We need to make co-construction a habit."

References

- Armstrong, H. (2013). Neoliberalism and official health statistics. In P. Armstrong & S. Braedley (Eds.), *Troubling care: Critical perspectives on research and practices* (pp. 187–199). Toronto (Ontario): Canadian Scholars' Press.
- Baker, G. R. (2012). The challenges of making care safer: Leadership and system transformation. *Healthcare Quarterly*, 15, 8–11. doi:10.12927/hcq.2012.22848
- Carrier, A., Freeman, A. R., Levasseur, M., & Desrosiers, J. (2015). Standardised referral form: Restricting client-centred practice? *Scandinavian Journal of Occupational Therapy*, 22(4), 283–292. doi:10.3109/11038128.2015.1019922
- Freeman, A. R., McWilliam, C. L., MacKinnon, J. R., DeLuca, S., & Rappolt, S. G. (2009). Health professionals' enactment of their accountability obligations: Doing the best they can. *Social Science & Medicine*, 69, 1063–1071. doi:10.1016/j.socscimed.2009.07.025
- Wennberg, J. E., & Thomson, P. Y. (2011). Time to tackle unwarranted variations in practice. *British Medical Journal*, 342, d1513. doi:10.1136/bmj.d1513

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FIELDWORK AND EDUCATION



TOPIC EDITOR: CATHY WHITE

Take a flying “LEAP”: The implementation of leadership fieldwork placements

Donna Barker and Andrea Duncan

Leadership in occupational therapy is internationally promoted and celebrated (Heard, 2014; Rodger, 2012; Fleming-Castaldy & Patro, 2012; Hunter, 2013; Townsend, Polatajko, Craik, & von Zweck, 2011). Leadership in the profession can be demonstrated in many ways and in contexts beyond a managerial role, such as by advocating and communicating with others on behalf of clients or an organization, taking a stand for our professional values, or volunteering within professional associations (Pentland, 2012; Townsend et al., 2011). The demands and challenges within our increasingly complex Canadian context require new practitioners to be confident, self-aware, and courageous (Pentland, 2012). Occupational therapy educators are encouraged to provide multiple opportunities to foster leadership development within occupational therapy students (Heard, 2014).

Fieldwork placements are an essential learning component of entry-level occupational therapy education. They provide opportunities for students to integrate theory with practice and develop professional competencies. The roles and competencies within the *Profile of Practice of Occupational Therapists in Canada* (2012) incorporate key components of leadership, and yet, as students develop the competencies within the described roles, they do not feel they have sufficient experience or skills to act as leaders (Pentland, 2012).

“Creating leaders in occupational therapy” is the curriculum vision of the Department of Occupational Science and Occupational Therapy at the University of Toronto. This vision is realized through a multifaceted strategy that provides students with foundational leadership knowledge and skills and opportunities to demonstrate leadership skills in both academic and practice settings. With this vision in mind, we created a category of fieldwork placements called “LEAP,” an acronym for **L**eadership, **E**merging, **A**dvocacy, and **P**rogram Planning, providing increased opportunities for the development and demonstration of leadership skills. A LEAP placement occurs in one of the following:

- An organization that employs an occupational therapist in a management, leadership, or research position. This leader is preceptor for the primarily project-based placement.
- A “non-traditional” practice setting such as a professional or regulatory association (e.g., the Canadian Association of Occupational Therapists or Ontario Society of Occupational Therapists), private practice, or international setting. An occupational therapist within the organization acts as preceptor.
- A program or an organization in which there are no or less-than-ideal occupational therapy services. Role-emerging placements

occur in organizations with no occupational therapists on staff and therefore utilize an offsite occupational therapy preceptor model. Role-enhancing/role-expanding placements occur in organizations that employ occupational therapists but that could benefit from enhanced occupational therapy services within a specific service area, and the preceptor is a staff occupational therapist.

The University of Toronto Master of Science in Occupational Therapy (MScOT) program requires all students to have at least one LEAP placement, typically occurring within a Level Three fieldwork course. Learning objectives for LEAP placements aim for the development of the same professional competencies as traditional placements regardless of the level of client exposure. However, students are expected to develop additional knowledge and skills in the areas of leadership, advocacy, systems thinking, and project management. Students also develop soft skills such as resiliency, confidence, flexibility, and autonomy. The Competency Based Fieldwork Evaluation for Occupational Therapy (CBFE; Bossers, Miller, Polatajko, & Hartley, 2007) is used for student evaluation of all fieldwork placements, including LEAP placements.

Various online modules and university-based small-group discussions are provided to students prior to and during a LEAP placement to facilitate their learning and provide extra support on topics such as project planning and advocacy. In addition, one day of placement is dedicated to a student leadership conference, which provides opportunities for students to discuss their fieldwork projects with community occupational therapy leaders, be inspired by a panel of early career leaders, and discuss entrepreneurial occupational therapy.

Prior to the placement, preceptors are provided with supplementary education to enhance their skills in facilitating student leadership skills, in addition to the usual preceptor orientation. A series of webinars is offered on project planning and evaluation, documentation and consent in a role-emerging environment, and leadership. Preceptors are encouraged to contact the university throughout the placement as required.

Evaluation of LEAP placements

Quality improvement efforts led to an evaluation of the 2019 LEAP learning experience. Both students and preceptors were asked to complete a short anonymous online survey with both quantitative and qualitative questions. Of the 84 students assigned a LEAP placement, 38 completed the student survey (45% response rate),

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