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From the Program Director



*Sue Gilbert Hunt
Program Director, Occupational Therapy*

The 2008 academic year is in full swing with the first half of the study period already completed. Whilst many of the students take some time out in the two week non-teaching period the teaching team is involved in various tasks including: workshops, planning and developing teaching materials, marking student work and research or scholarship activities - a couple of lucky people are taking annual leave. One of the workshops I will be involved in relates to curriculum reform across the whole School of Health Sciences – involving the health science, human movement, medical radiation, physiotherapy, podiatry programs as well as occupational therapy. We are moving to more shared courses across programs including opportunities for interprofessional education (IPE). Interprofessional education is 'when one or more professions learn with, from and about each other to improve collaboration and the quality of care' (CAIPE 2002). IPE has been identified as a key to improvements in a range of practice areas including aged care and stroke rehabilitation. Ineffective teamwork and poor communication have been significant contributing factors in adverse patient care outcomes. Thus, it is important to ensure that students have

the opportunity to learn from and about each other and develop effective teamwork skills. I look forward to sharing with you the plans for curriculum reform within the School in the future. I am sure everyone would agree that change is part of everyday life and such curriculum changes are very much part of university life. However, as changes are made it is also important to review the impact. Across the higher education sector the Graduate Course Evaluation Questionnaire (GCEQ) is used to measure university outcomes in the area of teaching and learning and it can be used to track the impact of changes. The GCEQ is used across Australia to gather data from recent graduates. The questionnaire uses a 5 point Likert scale requiring respondents to indicate their level of agreement of a range of statements. The questions are clustered into four scales; the good teaching scale (GTS), the generic skills scale (GSS), the clear goals and standards scale (CGS) and the overall satisfaction scale (OSS). The table below provides the percentage agreement rates of UniSA occupational therapy graduates across these four scales for years 2002 to 2007. It is important to note that the year relates to when the data was collected but actually corresponds to the graduates who completed their study in the previous year. The overall satisfaction rate is consistently higher than the other sub-scales with the clear standards and goals being consistently lower than other sub-scales, this trend can also be seen in the national data.

Agree as Values	2003	2004	2005	2006	2007	All Yrs
GTS	65%	55%	71%	76%	60%	66%
GSS	81%	73%	83%	86%	81%	81%
CGS	52%	54%	62%	68%	41%	55%
OSS	92%	74%	87%	95%	80%	86%

As this data is collected nationally we are able to benchmark our performance against national data. As you can see from the 2006 table below UniSA graduates have a more positive perception of their university experience than the national aggregate.

2006	GTS	GSS	CGS	OSS
UniSA OT graduates	76%	86%	68%	95%
OT graduates nationally	54%	76%	55%	77%

Whilst this is positive feedback, we are aware of areas for improvement and will continue to work with the profession to enhance the learning outcomes of our graduates. To this end we will be inviting clinicians to be part of an advisory group, which we plan to have operational by mid-year. Currently we have a School Advisory Group but the OT teaching team feels it would be beneficial to have a discipline specific group to assist in the further development of the curriculum. I hope that together we will continue to enhance the learning of our students and effectively prepare them for the diverse areas of occupational therapy practice.

In Profile - Brad Stenner



I graduated from UNISA Occupational Therapy program in 1999, and have since worked in a variety of settings and parts of the country, including the south east, Darwin and rural communities of the NT, and in Adelaide. My previous work experience has largely centred on the provision of rehabilitation services to those injured in work place injury, management of rehabilitation services and providers, advisory roles within the health insurance sector and further developing the OT role in this industry. Having developed a keen interest in the assessment and treatment of muscular-skeletal disorders, in 2007 I completed further study in the areas of treatment for muscular-skeletal injury, and have since set up my own private practice in North Adelaide.

I joined UNISA in 2008 to teach in the Occupational Therapy program, as a career change, and it is a new challenge that I am thoroughly enjoying and look forward to developing further. Having regularly hosted students on fieldwork practice, which I found to be a very enjoyable and rewarding experience, the lure of formal teaching opportunities grew ever larger, and here I am. Although the nature of the course and the way in which it is taught has changed enormously over the years, it still remains an exciting and challenging profession and a great one to be involved in the teaching of.

Away from work, I am married (to another OT – university sweethearts!) and have a new cocker spaniel puppy that takes up most of our time. I enjoy good food and good wine, and MG/Audi motor cars, although I am yet to have my own parked in the garage. I am a golf fanatic, and would love more time to further improve my game. From the outside, golf appears to be a relaxing stroll in the park on a sunny afternoon, however, as those of you who play will attest, it is one of the most frustrating and rewarding games you will ever play, all in the space of just a couple of minutes. A different challenge awaits every time you play.

I look forward to meeting you all and working with you over the coming year.

“Man, through the use of his hands as they are energised by mind and will, can influence the state of his own health.”

Mary Reilly

Teaching Excellence in OT

In 2007, our Program Director, Sue Gilbert-Hunt was awarded a national Carrick Citation for outstanding contribution to student learning and a UniSA award for Teaching Excellence, recognising her as a teacher renowned for her excellence in teaching, who has outstanding presentation skills and who has made a broad and deep contribution to enhancing the quality of learning and teaching at UniSA. She was one of only three to receive the UniSA award in 2007.

With UniSA's strong new focus on learning and improving teaching outcomes there has been some real acknowledgement of UniSA's great teachers.

A special luncheon was held in November to honour the winners of Carrick Awards and UniSA's own teaching awards and citations. About 150 attended the luncheon which included UniSA Vice Chancellor Professor Peter Høj, Deputy Vice Chancellor Professor Peter Lee and visiting Emeritus Professor of Higher Education at Oxford Brookes University, Alan Jenkins. Professor Høj announced the recipients of the UniSA Awards for Teaching Excellence. Along with the recognition and prestige of the award, Sue's prize included funding to spend on activities designed to further enhance her development as a great teacher.

On congratulating the winners, Professor Høj said he believed good teaching was at the heart of every successful University. "It is our teachers who are responsible for developing high quality professionals with integrity, vision and the drive to contribute to society in a positive and creative way," he said. "Good quality undergraduate teaching is also the engine room of a successful research culture."

The OT Teaching Team proudly supports this recognition of Sue's excellence as a teacher and contributor to the Occupational Therapy profession, and acknowledges the outstanding leadership that she provides to the teaching team and to the students.



What's Happening in Field Practice Kobie Boshoff

Field Practice Offers 2008

We have been travelling very well with field practice offers from clinicians for 2008. Due to the field practice re-structuring, we do not have a third year undergraduate placement this year, and this has resulted in more offers for the other years.

Course	No. of students	No. of confirmed and unconfirmed offers
Field Practice 101 (undergraduate)	77	60
Field Practice 401 (undergraduate)	57	52

The table does not reflect the Participatory Community Practice (PCP), second year undergraduate (preschool) or second year graduate entry (aged care) placements, since we have an adequate number of placements for these students.

You will notice from the above table that we are still short on first year placements, which occur over 4 days in a block, either in August or November. Please consider taking students for this placement, especially since some of you who have submitted an offer, may not get a final year undergraduate or graduate entry student. We would like to thank all clinicians for their consideration in taking students. 2008 is looking very well.

Interested in taking a first year student? Please contact Emma Owens (emma.owens@unisa.edu.au).

"Success is not final, failure is not fatal.

It is the courage to continue that counts."

Winston Churchill

In the Loop - Clinical Reasoning Kobie Boshoff

How can I facilitate students' Clinical Reasoning?

Clinical reasoning is a concept which has been defined in various ways by different authors. The most practical definitions relate to concepts such as "thought process that therapists use during evaluation and intervention", "having a rationale for what you do", "a problem solving process" and "a judgement and decision making process regarding what information to gather, how to gather this information, best intervention strategies to implement and how to evaluate intervention."

The process recognises that each therapist (or student) brings their own experiences, knowledge and values to a specific clinical situation. Within this situation, the therapist (or student) uses specific types of clinical reasoning, or usually a combination of a few types. These types were outlined previously by Angela Berndt in a newsletter article (Spring 2006).

The process of clinical reasoning that we engage in, basically follows a circular problem solving process. These stages are outlined in the first column in the table below. The table also provides questions clinical supervisors can use to facilitate in students' clinical reasoning process.

Stages of clinical reasoning and questions to facilitate clinical reasoning:

Stages of clinical reasoning:	Corresponding questions to ask:
Problem identification	What are the clinical problems identified for this client? How do you know this? How can we assess this? Are the sources credible? Any assumptions? Any inferences?
Problem understanding	Have you got all the info you need? Any area that you need to explore more/ evaluate more? What could have caused this? What could be the underlying cause/ issue here? What factors could contribute to the problem? Any relationships between these factors? What does all this information lead you to suspect about the client? What lead you to this conclusion? What other hypotheses have you considered? After gaining more information, do you still hold to your original conclusion? Any new insights?
Identification and choosing strategies	How could you address this? Any other ways? Why? What are the principles for addressing? Which strategy is the most important to do first? Which one is the most appropriate? Which one is the core strategy that would influence other strategies? Where would you start? What is your first concern to address?
Implementation of strategies	Based on your assessment, what are your goals for this client? What are the principles for treating.....?
Evaluation of strategies and re-visit if needed	How would you know that you have achieved your outcomes? What do you think the reasons could be for not meeting outcomes? What other strategies could be used?

Occupational therapy and adventures in Egypt Renee Caon, 4th year OT Student



“It’s a dangerous business, Frodo, going out your door. You step into the Road, and if you don’t keep your feet there’s no knowing where you might be swept off to...”

My adventure started about this time last year, when I was browsing through the Winter 07 OT Program News and an article by Sue Hartshorne caught my eye. Sue had been a lecturer at UniSA until she visited Cairo to write her thesis and became so captivated with the city and its people that she relocated there.

Now, I wouldn’t say that I am a particularly brave or adventurous person, and while I may have fantasised about working in developing countries, I didn’t think that I had the confidence or ability to follow this dream. However, something in Sue’s article inspired me. A brief email to Sue Gilbert-Hunt turned into correspondence with Sue Hartshorne, and before I knew it I was in Egypt!

I spent a total of 6 weeks as a volunteer in Egypt, and it was just amazing. Such a contrast to Adelaide! For a start, the city of Cairo has a population close to that of all of Australia. It was chaotic, polluted, at times intimidating, and my whole life flashed before my eyes each time I had to cross traffic. It was also vibrant, historic, atmospheric and culturally diverse, and I can see how Sue fell in love with the place.

Although I was away from many things that I was used to at home – family, friends, familiar surroundings, the English language...

- Sue and her Egyptian friends became like a second family to me.

While I was in Cairo I stayed in my own apartment close to the El Agouza Rehabilitation and Rheumatology Centre where Sue worked. A typical day might involve being driven to the hospital by Sue’s friends (grabbing some falafel for breakfast on the way), joining in with the children’s playgroup in the morning, participating in seeing private clients in the afternoon for assessment or treatment, plus dealing with a multitude of spontaneous occurrences throughout the day! Then it would be back to Sue’s friends shop with an evening off to relax, explore, or do some research at the local internet café.

As time progressed I became more involved and spent more time with clients, participating in a hand clinic, playgroup sessions and autism workshops both at the hospital and in a village. All of this was made even more interesting by the language barrier and scarce availability of translators!

Occupational therapy is still very much in the developing stage in Egypt. As far as I am aware there were only 8 fully qualified, practicing OT’s in the country while I was there. It is exciting to think about the potential for development of OT over there and the difference that a few people can make. Even as a student volunteer I felt as though I had a lot to offer. It felt great to be using the set of skills that I have been learning over the past 3 years with people who might not be receiving therapy otherwise. My trip has really made me appreciate the set of skills and knowledge that we as OT’s have: we are valuable, and we have the potential to make a huge impact on people’s quality of life.

Fundraising efforts before I left raised \$1500, to be spent on occupational therapy supplies for the hospital. Staff at the hospital were just blown away with what we were able to provide. It was a pretty special feeling to be able to identify a need and then to actually be able to go out and buy something to address it. It was even more rewarding to be with clients who were using items purchased with fundraising money. A big thank you to everyone who donated.

After 6 weeks it was time for a teary goodbye as I said farewell to people who had become a big part of my life in such a short time. I have many special memories from my trip and I still keep in regular contact with Sue, who updates me on daily events. This trip has opened my eyes to some of the amazing opportunities that await all of us students as we graduate into the big wide world, and I hope to return to Cairo again for my final placement or as a new graduate!

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Book Review Nicola Massy Westropp

Painful Yarns. Metaphors & stories to help understand the biology of pain, by G. Lorimer Moseley, Dancing giraffe press 2007.

This short paperback is a collection of stories by Dr. Lorimer Moseley, Oxford University Fellow, Pain Scientist and co-author of Explain Pain ([http://noigroup.com/ep/index\(ep\).html](http://noigroup.com/ep/index(ep).html)), which is a pain text for health professionals that is paid for by WorkCover for clients with chronic pain.

Occupational therapists frequently work with clients who have chronic pain, even if pain is not the key reason for their referral. This book contains analogies that explain the mechanisms of chronic pain, by using short and entertaining stories. Following the story, Moseley connects the analogy to a mechanism of pain, explaining it in a manner suitable for clinicians and clients. The amazing thing is, it’s fun, it’s thought-provoking, humorous and entertaining. The analogy helps you remember how the pain mechanism works – making it easier to share with your client.

Painful Yarns is worth passing around your department, then keeping for your client’s lending library.

