Greeting from Iran University of Medical Sciences







occupational therapists' clinical reasoning: A qualitative research



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Occupational therapy in Iran

The history of occupational therapy education in Iran had been started in two rehabilitation faculties (Tehran and Iran University of Medical Sciences) from 1973 by WHO supervision. After 1979 (Iran Revolution) up to now:

❖ Four Rehabilitation Faculties in Tehran educate OT in BSc, MSc and PhD level.

Seven Rehabilitation Faculties in other cities of Iran educate OT in BSc level.





Aim of Study

 identify the clinical reasoning of occupational therapists within different clinical settings, considering the contextual factors affecting therapists' reasoning from a therapists' perspective.







- A purposeful and theoretical sampling of 15 occupational therapists working in clinical settings.
- Performed through semi-structured interviews.
- All the data were recorded, transcribed, and analyzed using Strauss and Corbin's (2008).



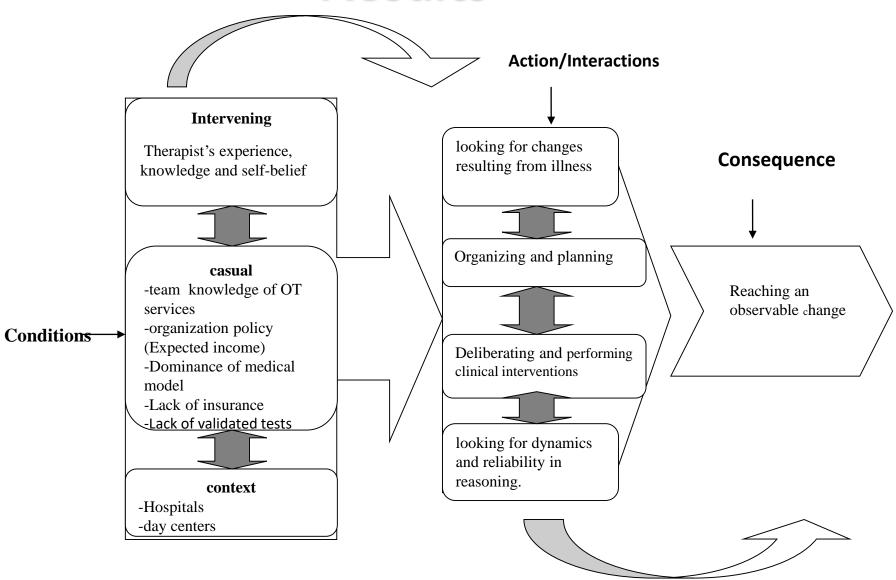
Methodology & Design of Study



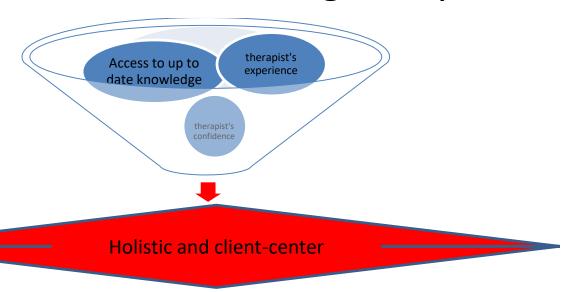
Strategies for trustworthiness

- maximum variation of sampling (choosing different participants from different settings, different academic degrees and different job experiences) was employed in order to enrich the data.
- Member checking, peer checking, writing memo notes and reflexivity were also used as strategies to increase trustworthiness.
- To increase data transferability, all research processes have been clearly documented, and 30–40% of the transcripts were peer reviewed by qualitative research specialists. Categories and subcategories were discussed and revised by three supervisors, a qualitative researcher and three participants.
- Ethics approval for the study was sought and obtained from the ethics committees at the school of Rehabilitation Sciences, Iran University of Medical Sciences.

Results



Clinical reasoning in day center



Looking for changes resulted from illness on performance skills

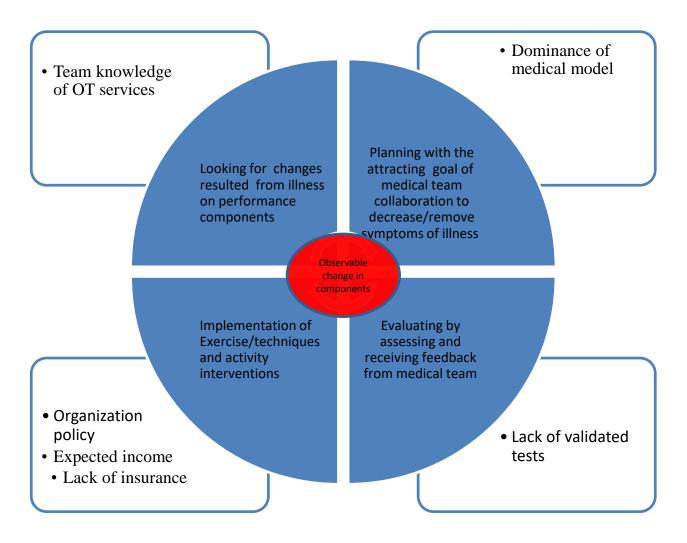
Planning with the goal of attracting (client/team) collaboration and improving /promoting the client 's skills

Implementation of Exercise, activity, education and consultation interventions

Evaluating by assessing and receiving feedback from client and family and doing reflection on action

Reaching observable change In client's performance skills

Clinical reasoning in hospital



Thank you for your attention any question???

