

Uncovering educator perspectives of occupation-centred education in Australia: A qualitative study.

Abstract:

Background: Occupation and an occupational perspective of health and wellbeing are required to be taught in accredited occupational therapy programs internationally. Current research into occupational therapy education has commonly focused on curriculum design and the experience of students and their developing skills for practice. Little research has focused on the perspectives of educators and in particular their own reflections and beliefs on the use of occupation in occupational therapy education. The aim of this study was to uncover Australian educator perspectives of occupation in occupational therapy education.

Method: This study utilised a qualitative research framework. Eight occupational therapy educators and practice education coordinators completed semi-structured interviews.

Educators ranged in experience from two to over twenty years in the university sector. The interview transcripts were transcribed verbatim, forming the data for analysis. Braun and Clarke's thematic analysis was used to analyse the data set.

Results: Three themes emerged from the data: occupation is our framework; the balance between practice education and occupation-centred education; and educators changing the focus. Overall, educators believed the 'occupation for health' philosophy and its application are important foundations for education. However, educators provided varied responses on how to teach these concepts to students.

Conclusion: Gaining educators' opinions on the importance of occupation in education is beneficial for ensuring consistency throughout occupational therapy curricula. Theoretical models were endorsed by educators to foster occupation-based practice. Educators must continue to innovate within the profession for occupation-based approaches in practice and education to be strengthened in the future.

Keywords: education, curriculum, occupation, occupational therapy, practice

Introduction:

The World Federation of Occupational Therapists (WFOT) produces the *Minimum Standards for the Education of Occupational Therapists* (2016), which WFOT accredited universities follow. Students who attend universities that are accredited against these standards should graduate with the competencies required to work as a new graduate occupational therapist (WFOT, 2016). However, despite the intention of the guidelines to inform and exemplify occupational therapy practice and education on a global scale, it is unclear whether these standards are specific and detailed enough to ensure that students and therapists are prepared to meet the renewed call to embrace a contemporary view of the profession (Kielhofner, 2009a). In Australia, the Occupational Therapy Council and Occupational Therapy Board of Australia ensure the minimum educational standards are met by every university (Occupational Therapy Board of Australia, 2017; Occupational Therapy Council (Australia & New Zealand) Ltd, 2013). Accreditors inspect all aspects of university curricula and the focus placed on occupation-based practice or the means by which this is taught are not stipulated explicitly within the Standards. Thus, there may be variation in the value placed upon occupation-centred content and its delivery in Australian curricula. Occupation-centred education refers to occupation being considered as the foundation and core of all learning and teaching experiences in occupational therapy education (Hooper, 2006; Yerxa, 1998).

Currently there is no universally accepted definition of occupation-based practice. However, the definition developed by Fisher in 2013 is increasingly recognised by occupational therapists and used in the occupational therapy literature. Occupation-based approaches utilise a client's engagement in occupations throughout the occupational therapy process but particularly in the intervention and evaluation stages whereby occupation is used as "the therapeutic agent of change" (Fisher, 2013, p. 164). A number of authors advocate the use of

occupation-centred approaches in practice and education (Hooper, Mitcham, Taff, Price, Krishnagiri & Bilics, 2015; Molineux, 2004; Reilly, 1962; Wilcock, 2000). Occupation-centred education came to the fore within occupational therapy education literature in the 1990s and early 2000s with a number of educators discussing the importance of centralising educational content on the “occupation for health” philosophy (Nielson, 1998; Whiteford & Wilcock, 2001; Wilcock, 2000, p. 80; 2006; Yerxa, 1998). The “occupation for health” philosophy, according to Wilcock, encompasses the profession’s distinctive view of humans as occupational beings, and the resulting relationship between occupation and health. Accordingly, this philosophy should be included as the basis of educational programs in occupational therapy (Wilcock, 2000, p. 80). Indeed Yerxa advocated that occupation should be the “central organising framework of a future-oriented curriculum” (1998, p. 366). Therefore to align with internationally recognised terminology, all reference to the process of educating students when learning about occupation and occupation-based practice will be referred to as occupation-centred education.

Currently in the Australian and international occupational therapy education literature there is limited research that specifically investigates educators’ perspectives on the centrality of occupation in the curriculum. Literature has instead explored mechanisms of teaching such as utilising models of practice (Ashby & Chandler, 2010; Towns & Ashby, 2014); the means by which occupation and occupation-centred approaches can be introduced into curriculum (Hooper, Mitcham, Taff, Price, Krishnagiri & Bilics, 2015; Krishnagiri, Hooper, Price, Taff & Bilics, 2017; Pierce, 1999) and how teaching an occupational perspective can enhance specific areas of practice such as work rehabilitation (Burwash, 1999). Increasingly research papers, commentaries and viewpoints which consider occupation in curriculum design and as a threshold concept have featured in the Australian literature or been written by Australian

academics (Fortune & Kennedy-Jones, 2014; Rodger, Turpin & O'Brien, 2013; Tanner, 2011). A 2016 study found occupational therapy graduates lacked confidence, and in some cases, were unwilling to implement occupation-based approaches in practice (Di Tommaso, Isbel, Scarvell, & Wicks). This study highlighted the impact that university-based educators have on students' perceptions of the use of occupation in practice and found that educators predominately taught impairment focused interventions rather than occupation-based practice, leading to confusion in students. Therefore, further investigation into the perspectives of occupational therapy educators, specifically on their opinions and experiences of occupation in education, is the focus of this study.

A comprehensive review of the literature was completed searching databases CINAHL Plus, Embase and MEDLINE, with search terms including 'education', 'occupational therapy', 'occupation-centred', 'occupation-focus', 'occupation-based', 'curriculum', 'practice patterns' and 'theory'. Theoretical papers which were not available via a database search due to year of publication or journal availability were included. In addition, searching reference lists also yielded further articles to review. Given the lack of research focusing on the Australian perspective, further research in this topic was warranted.

Hence, the research aims for this study were:

1. To describe Australian occupational therapy university-based educators' perspectives on and experiences of the centrality of occupation in the occupational therapy curriculum.
2. To uncover university-based educators' perceptions of what will strengthen and challenge the implementation of occupation-centred education in Australia.

Method:

A qualitative research approach was taken to uncover and describe the educators' experiences and perceptions of the current state of occupational therapy education in Australia, with particular attention given to the use of occupation in practice and education. Focus groups were the chosen means of data collection. However, not enough educators were available for the scheduled online focus group. Therefore, it was decided to alter the data gathering process to one on one interviews.

The institutional Human Research Ethics Committee approved this study (Project number 15-156). Pseudonyms and limited reporting of certain demographic data, such as not naming the University where the participating educators were employed, have been implemented to maintain anonymity of the educators.

Participant recruitment

The Australia and New Zealand Council on Occupational Therapy Education (ANZCOTE) network was used initially for participant recruitment. The Chair of ANZCOTE forwarded a recruitment email to a contact person (usually the Program Director) at each university program in Australia. Two emails resulted in seven responses from occupational therapy educators, of whom two were able to attend the focus groups at the scheduled time. One on one interviews were then chosen as an alternative to a focus group. All of the educators who expressed an interest in participating in the focus group were invited to complete an interview.

A second round of recruitment was approved by the Human Research Ethics Committee. The first author sent an email to each Program Director of an Australian university occupational therapy programme to ask that a recruitment email be forwarded on to staff members. All email addresses were publically available from university websites. Emails were sent to 17 Australian Program Directors whose universities were teaching at least one year of the program of entry-level occupational therapy education. Some Program Directors were not contacted due to not yet starting the first year of teaching or if they were authors of this paper. Once an educator indicated an ability to participate, interviews were scheduled to suit each educator's availability.

Participation in the study was voluntary. Educators were sent a brief introduction to the study and were aware the interviews would be recorded. At the beginning of the interviews educators were reminded that any identifiable information such as their specific university would be omitted to maintain anonymity.

Research participants

Nine educators from university entry level programs around Australia were interviewed. One educator withdrew post interview and her data was then removed from the study. The eight educators were from six different universities in New South Wales, South Australia, Queensland and Victoria. All educators taught in four year undergraduate programs. They held Associate Lecturer, Lecturer, Senior Lecturer, or Program Director positions. Four of these educators were also Practice Educator Coordinators. Educator experience ranged from 2 years to over 20 years in occupational therapy education. All educators were female.

Data collection

Prior to the interview, educators were sent a brief document with potential interview topics. Predominately open ended questions were asked to explore the educators' perceptions and thoughts on their current use of occupation in occupational therapy education. The length of the semi-structured interviews conducted over the telephone ranged from thirty minutes to one hour in duration. Each of the eight interviews was conducted by the first author. The discussions were audio recorded and transcribed verbatim.

Data analysis

The transcripts formed the data set for analysis. A content and thematic analysis was completed by the first author. This analysis was then presented to the other authors of this paper. As recommended by Ezzy (2002), line by line coding was also used for grouping together like codes to inductively build the themes presented below. Braun and Clarke's (2006) method of thematic analysis was used when developing themes.

Results:

Overall, the educators were in agreement that occupation should be the basis for occupational therapy curricula. The challenges of implementing occupation in both practice and education were discussed in all of the interviews. Placement experiences were considered extremely important for students to apply their learning from university. Three themes emerged from the data analysis process:

Occupation is our framework

Despite not being directly asked in the interviews, all educators discussed what they felt was unique about occupational therapy practice, using words such as ‘occupation’, ‘independence’, ‘activities of daily living’ and ‘thinking holistically’. All educators described that occupation was in some way pivotal to their work and mentioned concepts that were aligned to the ‘occupation for health’ philosophy (Wilcock, 2000; 2006). However, there were differing perspectives on how to implement the philosophy within an educational context or in practice. Educators had differences of opinion about the most important message for occupational therapy students to take away from their education. Most educators felt that understanding the unique aspects of occupational therapy practice was important.

In addition to understanding occupation, some educators felt that being able to apply impairment-based techniques and physical agent modalities were also required. Four of the eight educators felt the use of bottom-up approaches was suitable if the goal of the practice was broadly focused on occupation. One of these four educators described that she was conflicted by this, and felt that occupation-based practice was important but that overwhelmingly bottom-up approaches were more widely used. However, the remaining four educators still thought occupational therapists ought to strive for occupation-based practice. One educator commented that it was important for her students to recognise that “*occupation as means was the goal*” for practice. In this case the educator was referring to the work of McLaughlin-Gray (1998, p. 358), whereby occupation is used “*as the treatment modality to advance someone toward an occupational outcome.*” The interviews revealed the educators considered that students should graduate with a deep knowledge and understanding of occupation. Rachel, an educator from Queensland, stated “*we need to keep teaching students about what occupation is and our philosophy because it’s the basis for our profession.*”

‘Occupation for health’ was frequently cited by educators as the basis for all university teaching. As Clare shared:

The students need to understand the core principle that occupation is linked to health. That’s all we need to teach them. That’s all they need to know. That one thing. We need to repeat that in lots of different ways for four years and they would come out able to be really good occupational therapists. That is the principle they need to get.

Susan agreed, sharing that within her university curriculum “*we’ve got a strong focus on occupational science and the idea of occupation is definitely taught from first year right through to fourth.*” Despite Clare and Susan impressing that occupation-centred teaching should be implemented across all four years of university programs, particular challenges presented in the third and fourth years of undergraduate programs. Educators often spoke of the challenges, especially in the later years, where the focus usually turns to the practical application of occupation, and in particular translating occupation and occupation-based practice into current practice in acute settings.

Despite educators being broadly in agreement about the importance of occupation in the curriculum, educators were still doubtful about the translation of this knowledge into practice. There was agreement from all the educators that this perspective would be broadly unachievable in practice without major changes to practice frameworks currently adopted in Australian health care settings. Half of the educators in this study remarked that occupational therapy may be incongruous to modern day acute health care settings such as hospitals. With focus on discharge and short lengths of stay for clients, Clare stated she thinks “*occupational*

therapy is an appalling fit in medical-model services for that reason.” Rachel again highlighted this issue by asserting that clients are responsible for their transition to occupational participation and engagement post hospital admission claiming “*[Occupational therapists] actually couldn’t physically do [occupation-based practice], you can only help with their wrist and finger movements; the small components and then [clients] have to make up that occupation by themselves.*” These findings highlight the disparity of educators’ opinions on the ability to implement occupation-based practice in current Australia settings.

Although the challenges of the cultural environment and institutional norms were cited as barriers to occupation-based practice. Educators recognised that therapists could also be hesitant to strongly align with occupation-based practice and an occupational perspective of health. Jane reflected upon during an interview: “*it’s interesting in our profession that to get credibility we feel like we have to be able to play in a biomedical model. I guess that sums it up for me really. I wish we could get past it.*” From these interviews it was clear that most educators (six of eight) felt that occupational therapists were still able to successfully negotiate the, at times, disparate biomedical and occupational perspectives. In fact, these educators felt that they must do more to prepare students for this reality. One educator highlighted the tension for therapists working in the biomedical model. Despite the existence of assessments that can measure occupational performance and engagement, Laura suggested that:

[Occupational therapists] actually still probably have trouble grappling with what are the outcomes of so called ‘good’ occupational therapy and ‘good’ occupation-based practice anyway. Whereas we can measure joint range of movement, those physical [aspects] can be easier to measure [than occupational engagement].

Despite occurrences where physical outcomes are perceived as easier to measure and have a clear alignment with biomedical systems, educators still believe that occupational perspectives should be the focus of occupational therapy education and practice. Educators believed that there were numerous ways to keep occupation at the centre of practice and education, such as implementing occupational therapy models, for example the Canadian Model of Occupational Performance and Engagement (Polatajko, Townsend & Craik, 2013) or the Model of Human Occupation (Kielhofner, 1995).

There was general consensus among the educators that introducing occupational therapy models was the main method of building understanding of an occupational perspective in practice. Using models in occupational therapy education was deemed as crucial to ensuring students understood occupation and could implement this perspective on placement and in their assessments. Educating students about the various occupational therapy models was seen as an enabler for occupation-based practice upon graduation. As demonstrated by this quote from an educator from New South Wales, Kate: “[Models] are what really help us to keep our practice occupation-focused, having that lens to look through.” Allowing students to learn and develop their own perspectives was seen as beneficial to their own clinical reasoning and emerging practice. Another educator commented that the use of models could transform student understanding of the application of occupation. She believed models could assist students keep an occupational base in any area of practice in which they chose to work:

By giving someone a model... it gives them an opportunity to take it away and grow it, they can use it to apply to which ever setting they end up working in over the years. That’s really important... I think it’s quite empowering that way.

Anna agreed that models could be useful to provide a consistent approach to implementing occupation in practice. She stated that occupational therapy models were crucial for student education to ensure that students understood that assessment and intervention plans “*didn’t just come out of the sky.*” Despite educators in this study not necessarily reaching consensus on the importance of occupation to occupational therapy practice, theoretical models were seen by a majority of educators as important for enabling students to understand the basis of their practice decisions and clinical reasoning.

“Relationships drive change”: The balance between practice education and occupation-centred education

As several of the educators had a large role in practice education within their respective programs, delivering quality practice education experiences for students was discussed in most interviews. Educators highlighted the importance of practice education to students’ understanding of the practical application of occupation and the translation of theory into practice. All educators acknowledged the importance of practice education experiences.

There was acknowledgement by one educator that “[*university-based teaching*] is only one part of what helps to graduate these students, there is 1000 hours of practice education we are providing which sometimes has more of an impact on how students view the profession (Jane).”

Despite this, numerous examples were given by the educators where students were actively discouraged from using the theoretical knowledge they learn at university while out on placement, Laura stated:

I think practitioners, not all of course, but many, still run the line of *“oh well, you don’t need to worry about that - that’s theory. You learn that at university but that’s not what we do here”* and I don’t know how we get over that again.

Laura went on to explain how one student decided to disengage with the theoretical learning still to be completed at university. She stated that discouragement of theory and university-based teaching could be detrimental to student learning.

Another example was given by an educator describing the mismatch between practice settings and university teaching that could cause confusion for students:

We have to help that group of student supervisors who are telling students, and I know they are telling students this, because students come back to me and tell me that that’s what they have been told - *“that you will never get a job unless you do an acute hospital placement.” “You will never be able to work as an OT unless your first destination is an acute hospital.”* Of course this frightens the students! (Clare)

The suggestion by practice educators for the need to have a hospital-based placement was raised in four of the eight interviews. Educators, who worked in NSW, Victoria and Queensland respectively, raised this topic during the interviews, indicating this recommendation was endorsed by employers and practice educators in various states and workplaces. It is unclear if the idea that a hospital-based placement was essential is a commonly held belief

throughout the profession. However Laura, who had been alerted by students of this issue numerous times offered a solution for other educators. She stated students should be reassured that educators are aware of these opinions, however managers are, and should be, looking at competency acquisition for practice and it should not matter in which practice area these competencies were acquired. Further, Laura offered that at a fundamental level all occupational therapists are *“tapping into what the persons’ needs are and what you can offer as a practitioner, which is the practical living skills, regardless of setting.”* From some of the educators’ perspectives the advice from practice educators about the importance of an acute hospital placement was deemed detrimental to student learning and potentially de-valued other practice settings, especially in the later years of an educational program.

One educator, Sarah, recognised that university educators have a role to play in managing student expectations prior to practice education. She stated:

I think that there are still some issues between what gets taught at university and what clinical practice looks like in real life. We get that feedback from students when they go on placement around *“oh you talked about this, but it wasn’t like this when I got there.”*

Similarly Anna offered insight into the potentially different paradigms between university educators and practice educators: *“actually I think that there is a big different between what we teach and what people perceive as being the right thing to do in a clinical setting, it’s supposed to be more hand in hand.”* Working closely with practice educators was acknowledged as important and necessary by the educators in this study. Educators said that

at times briefing prior to placement might not be enough to ensure consistency of experience from university to placement. However, all of the educators recognised that practice educators play an important part in educating students, and the potential long lasting impact these experiences can have for the implementation of theory into practice.

Changing the focus

All the educators stated, to differing degrees, that occupation was important to occupational therapy practice. However, there were differences of opinion relating to the extent to which occupation should be used in educational curricula, for example, as the basis of all teaching or whether impairment-based techniques were still important to teach. Also there were differing views as to where occupation is best used within the occupational therapy process. Some educators had a clear and strong focus on occupation in education as they believe that occupation-based role emerging opportunities will be the main source of employment for graduates in the future. These educators wish to ensure that the graduates' competencies can continue to stay relevant and professionally competitive in the coming decades:

We have to be stronger as universities, to be more daring with the curriculum that we develop and give a much stronger voice to the profession out there to say "*we are preparing students who are going to be working in 2060.*" We can't teach to the current model of health care, we have to teach the future model of health care... (Clare)

In this case, the educator felt that occupation-based practice and its use within role emerging settings was the way forward for future occupational therapists to cement the profession's

role in health care in the decades to come. Such a sentiment was shared by a minority of educators.

Educators also recognised that to make a change to ensure education and practice are increasingly occupation-based, self-reflection and critique of current educational programs are needed. One educator called for unity within the occupational therapy academic community in Australia. Another educator, Susan, recommended:

Educating the [practice] educators on those dismissive statements [discouraging occupation] is I think important and encouraging [university-based] educators to ensure that our programs are occupation-focused and I think that there is more of awareness around that, but perhaps it's not universal.

Educators in this study felt strongly about universities driving the future of the profession and not allowing the constraints of past practice to dictate the path forward, with Jane declaring *“students aren't constrained by the past. We need to ask ourselves where occupational therapy can make the best contribution.”* This sentiment was echoed by a number of educators with Sarah emphasising:

We can't all just sit back and think that someone else is going to take up that challenge, we need to definitely have professional champions who show the value of occupation and show the impact that it has on people's health and wellbeing and that that's not about doing 50 upper limb lifts everyday but it's actually about engaging people in

occupational based activity. So we can't just say well we will sit back and eventually think a different way to what we did.

One educator believed university educators and leaders in the profession need to continually drive change for the future of the profession:

We, as universities, need to be much braver here, and much stronger, be leading the way, not just following what we think the profession wants. We need to tell the profession what it wants and what it needs. That kind of old idea that universities lead the way rather than follow behind, which is not happening now, I think.

To advance practice and education, the educators in this study believed that a consistent approach to teaching occupational content, and minimising some of the discrepancies of practice education experiences, along with further discussion about occupation and its place in education are needed.

Discussion:

Findings from this study highlight the need for educators to continue discussions about the focus placed on occupation in tertiary education. In depth discussion and examination of the quality of occupation-centred teaching could improve the development and consistency of curricula. The importance of a consistent message about the central philosophy of the profession should not be undervalued. This study has highlighted that university-based educators believe that development in this area should continue.

In Australia, there is robust scholarship in the area of curriculum development. Recently the literature describing threshold concepts of student learning has explored the benefits of examining what and how educators teach (Rodger, Turpin, & O'Brien, 2015). It is clear that educators are committed to improving and strengthening the scholarship of occupational therapy education (Fortune & Kennedy-Jones, 2014; Nicola-Richmond, Pepin, & Larkin, 2016; Rodger, Turpin & O'Brien, 2015; Towns & Ashby, 2014).

Occupation is our framework: Are models enough to guide practice?

From the recommendations of some of the educators in this study, occupational therapy frames of reference and models could be beneficial for ensuring occupation is the basis for all interactions with clients when working through the occupational therapy process. As (Kate) stated models can be a useful to frame practice decisions to ensure that a focus on occupation is maintained. A number of leading occupational therapists have advocated for the use of theoretical models in practice (Kielhofner, 2009b; Towns & Ashby, 2014; Turpin & Iwama, 2011; Wilding & Whiteford, 2007). The use of occupational therapy models may be beneficial for students, new graduates and therapists alike to frame practice and ensure all the occupational needs of a client are addressed (Wilding & Whiteford, 2007; Di Tommaso & Wilding, 2014). However, solely relying on these models as the main means of teaching occupation-based practice could be limiting. This may lead to an underdeveloped understanding of occupation-based practice. Without a strong understanding of occupation, its impact on health and how to utilise occupation in a therapeutic manner, models may be of limited use to guide occupation-based practice for students and new graduates.

The balance between practice education and occupation-centred education

Literature has been published about the mismatch between practice in traditional, medically-dominated settings such as acute hospitals and the central philosophy of occupational therapy (Fortune, 2000; Wilding & Whiteford, 2007). Educators in this study made mention of this incongruence, with quotes from Jane and Clare describing the “*appalling*” fit between medical model settings and occupational therapy. Therefore, when students are on practice education, they may experience stress and confusion. Stressful experiences may then be further compounded if practice educators state that students must have a hospital-based placement to secure employment. Highlighting these issues whether widespread or not, is important so occupational therapists can continue conversations about the importance of practice education but also to examine what criteria are required for new graduate employment, such as meeting minimum standards of competency overall rather than in one specific setting or due to the location of their practice education experiences.

Furthermore, the educators highlight that in the future occupational therapists may be less reliant on medically dominated workplaces. As role-emerging placement opportunities increase, more occupational therapy students are gaining exposure to and developing skills required for non-traditional occupational therapy practice. Advice from occupational therapists about acute or hospital setting-based placements being essential could inhibit shifts away from the medical model and exploration into new areas where occupation-based practice may be more easily and readily adopted.

Educators must lead the way

A small number of educators who were interviewed for this study agreed occupational therapy educators must lead change in the profession. Academics in the profession have been largely responsible for developing and promoting the theory that underpins our profession

(Kielhofner, 1995; 2009a; 2009b; Polatajko, Townsend & Craik, 2013; Turpin & Iwama, 2011; Wilcock, 2006; Yerxa, 1998). Therefore educators modelling appropriate language and commitment to occupation-based approaches, as well as developing and delivering occupation-centred teaching sessions to students are important to ensure future graduates can implement this perspective in practice. As (Sarah) described, university educators should lead the way and encourage and foster innovative and emerging ways of practising as an occupational therapist. This could include adopting and fostering occupation-based approaches. Leadership on occupation-centred education is developing in Australia. Hooper and colleagues in the United States have been researching the complex nature of occupation within occupational therapy curriculum for over a decade (Hooper, 2006; Hooper, Krishnagiri, Price, Bilics, Taff, & Mitcham, 2014; Hooper, Mitcham, Taff, Price, Krishnagiri & Bilics, 2015). After reviewing curriculum in occupational therapy programs, they found that teaching practices and content were not occupation-centred in nature and highlighted that educators need to integrate occupation into educational content in a better way (Hooper, 2006). If occupational therapy educators are not advocating for an occupational perspective in their educational content to students, then this perspective is less likely to be passed on and utilised in practice in the future. Educators can provide occupational therapy students with clarity and consistency on how to best implement occupation-based approaches and the importance of ensuring they remain occupation-based in practice. Such education practices could lead to reduced levels of role confusion and increased connection to a strong professional identity (Ashby, Ryan, Gray, & James, 2013).

Limitations

This is a small scale study highlighting the perspectives of eight educators from six universities in four states of Australia. Therefore these qualitative findings are not

generalisable to the entire population of educators in Australia. While four of the participants were their university's practice educator coordinators, most of the remaining educators' roles included a practice education component. This may have influenced the strong focus in the interviews on practice education. With a different mix of educators the findings may have focused less on the constraints and challenges of practice education in Australia. Educators may have self-selected in response to the recruitment email, because they were interested in a discussion about occupation-centred curricula.

Considerations for future research

Gaining further perspectives from educators about occupation-centred education could be valuable to open discussions about occupation in occupational therapy education. Gaining these perspectives in a larger, wide scale study of occupational therapy educators using survey design would be beneficial. This way all institutions and states could be included in the research. These insights could then assist to develop recommendations and highlight, maintain and potentially improve the use of occupation in occupational therapy education in Australia. Curriculum mapping and synthesis may be beneficial to gain insights into the occupational content being taught in Australian universities. This process could highlight areas for improvement but also uncover useful and successful examples of occupation-centred education in Australia.

Conclusion:

This study has highlighted that the occupational therapy educators who were interviewed value the 'occupation for health' philosophy and broadly agree that education should be focused on providing students with an in-depth understanding and appreciation of occupation.

Occupationally-focused models of practice were endorsed as a way to enable students to implement occupation into practice. University-based educators and practice educators play a key role in instilling the ability to apply occupation-based assessments and interventions in practice. Gaining educators' perspective of occupation in practice and education will initiate further discussion and research could reinforce the need for education to be centred on occupation and occupation-based approaches.

Key Points for Occupational Therapy:

- Occupation and occupational therapy philosophy are considered foundational for learning about occupational therapy education
- University educators and practice educators must create positive partnerships for successful student education
- University educators must continue to innovate and develop occupation-centred curricula into the future

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