In daily practice, occupational therapists are asked for their expertise with patients suffering from pressure ulcers. Their interventions about pressure ulcers are multiple and complex, from supplying therapeutic surfaces to changing client’s life habits (1). How can they contribute in solving the client’s situation, and other than experience, what is the foundation for their decisions?

We could argue based on literature that the answer relies on clinical reasoning and deliberate practice, which help us explain the reasons behind our treatment’s choice and the rationale behind our decisions (2; 3). Clinical reasoning is a thought process. Moreover, this process is used to guide practice and decision making, but it sometimes seems really intuitive. Can we improve our clinical reasoning and decision making process? (4).

Clinical Reasoning & OT

Occupational Therapist’s clinical reasoning is quite complex, as they are simultaneously using different types of reasoning, switching from one to the other (5; 6). These types include scientific, procedural, narrative, pragmatic, ethical, interactive and conditional reasoning (7). Clinical reasoning is based on knowledge, interactions with clients, interpretation and analysis of the evolving situation (8). It is not another “skill” to be learned, but can be developed through experience and reflexive practice (9).

Even if we have little knowledge of these concepts, awareness that clinical reasoning is a major part of our toolbox as health workers is essential. Furthermore, expertise is associated with clinical reasoning (10). Expert clinicians are able to generate faster and better quality hypothesis on the client’s situation (5). To do so, a well organized and accessible knowledge base is essential, as observed by Rivett and Higgs (1997) (11).

Having a well organized clinical reasoning, a reflexive practice, combined with experience and intuition are key tools in solving muticomplex situations (2; 4; 10; 12). To enhance a reflexive practice, we propose to do an overview of the different types of clinical reasoning through cases study. The DCP (Disablement Creation Process) (13) is proposed amongst other conceptual models as a frame that can contribute to clinical reasoning by providing a structure to organize and analyze the information gathered on clients with PU. Therefore, occupational therapists will be able to reflect on their own clinical reasoning, better explain the rationale of their decisions, and build an individualized treatment plan based on today’s pressure ulcers evidence base practice.

References

1. Clark, F and Al., (2007); Synthesis if habit theory, OTJR : occupation, participation and health, 27, 7-23


Speakers Bio

Marie-Pierre Bourbonnais completed her OT’s baccalaureate in 2002, and will complete in May 2010 a Master's degree in rehabilitation practices at Sherbrooke University. As a clinical occupational therapist, she worked 3 years with an injured workers clientele, and about 4 years with a homecare clientele, which do suffer from pressure ulcers and other chronic diseases.

Nathalie Farley completed a Master’s degree in Rehabilitation in 2006. As a clinical occupational therapist, she mainly works with a homecare clientele that suffers from chronic pressure ulcers. She is an occupational therapist clinical advisor at Hôpital Maisonneuve-Rosement and teaches or has taught at Montreal, Sherbrooke and McGill Universities as well as in continuing education at IFCQ.