

Mentoring Clinical Occupational Therapist offering Vocational Rehabilitation in Public Healthcare. A Critical Reflection on Four Years' Experience

Hester van Biljon^{1,2}, Daleen Casteleijn², Sanetta du Toit^{3,4}

¹*Work-link Vocational Rehabilitation practice, Johannesburg, South Africa,*

²*University of the Witwatersrand, Faculty of Health Sciences, School of Therapeutic Sciences, Occupational Therapy Department, Johannesburg, South Africa,*

³*University of the Free State, Department of Occupational Therapy, Bloemfontein, South Africa,*

⁴*University of Sydney, Faculty of Health Sciences, Discipline of Occupational Therapy, Sydney, Australia*

Introduction: A PhD candidate joined a pre-existing tasks team in Gauteng to improve the vocational rehabilitation services of clinical occupational therapists in the province's public healthcare. The research question of the PhD was: Can an action learning action research (ALAR) approach transform the vocational rehabilitation practice of occupational therapists in Gauteng public healthcare? Four years of multiple action research cycles and action learning was concluded in 2016.

Objectives: To critically reflect on the results of four years of ALAR research in Gauteng's public healthcare.

Approach: ALAR and critical reflection.

Results: The initial transformation cycles were in the form of practical workshops offering continued professional development (CPD) on vocational rehabilitation practice problems identified by clinicians. Critical reflection revealed that although the workshops were popular, clinicians did not appear to implement what they learnt at the workshops. The same applied to ALAR cycles to develop user manuals and policy documents.

The only instances when practice seemed to be transformed were when an experienced occupational therapist, acting as a mentor using ALAR principles, worked alongside clinical staff in their practices.

Conclusion: Opportunities that would allow experienced occupational therapists equipped with collaborative action learning principles to work alongside inexperienced clinicians, as mentors, have to be explored. This would require crossing the boundaries of public private healthcare sectors. Such liaisons could offer individual benefit to therapist involved and collective benefit to the profession's vocational rehabilitation services. Most importantly it will benefit the users of public healthcare as the services offered to them improve.