Students' negotiation of practice education in occupational therapy: A case study.

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Abstract

There are persistent problems with the graduation rates of black Occupational Therapy students. The transition from classroom to the practice-based component of occupational therapy education is particularly challenging, and yet, very little research has been conducted on students' learning in this area. This study explores learning processes in practice education as experienced by African language speakers studying occupational therapy in a relatively elite English medium university in South Africa. The thesis draws on poststructuralist theory to describe and analyse the complex ways in which three students experience, interpret and act within the multiple teaching and learning spaces that characterise the transition to practice education.

A single instrumental qualitative case study design was adopted and semi-structured interviews, focus group discussions and document reviews were conducted. Methods of analysis included discourse analysis, thematic analysis and genre analysis.

The findings show the complexity of the process of negotiating access to the occupational therapy practice education discourse. This process was marked by navigation of issues that stem from language, curriculum, pedagogy and identity. Three themes emerged that signal creative ways in which participants navigated these issues. These are; *enacting primary and previous secondary discourses, negotiating and re-negotiating identities* and *discovering curriculum expectations through trial-and-error.* The findings question commonplace assumptions that language is the reason why African language speakers struggle with the transition from theory to practice. While language is central to learning, the study illustrates the multiple ways in which aspects of practice and the relationship between theory and practice are implicit. The study also shows ways in which varying expectations, past experiences of learning and mismatches between curriculum aims, pedagogy and assessment impact on how students learn. The study also highlights the ways in which the resources that students bring into the academy such as their multilingualism and life experiences, are often under-valued within the practice education context.

These findings will be useful in guiding the development of curriculum and pedagogic practices that embrace and value diversity. This thesis recommends a shift of perspective in understanding learning in the practice context that conceives of students as social beings engaged in social practices.

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List of Abbreviations and Acronyms

CHE	Council of Higher Education
DHET	Department of Higher Education and Training
UCT	University of Cape Town
WFOT	World Federation of Occupational Therapists

Chapter One: Introduction to thesis

This study explores learning processes in practice education as experienced by African language speakers studying occupational therapy in a relatively elite English medium university in South Africa. This thesis draws on poststructuralist theory to describe and analyse the complex ways in which students experience, interpret and act within the multiple teaching and learning spaces that characterise the transition to practice education. This complexity could explain why some students attain educational outcomes and others perform relatively poorly.

Practice education is a fundamental component of an occupational therapy curriculum and is delivered through fieldwork or practice learning. The aim of this component is to provide students with an opportunity to use theory in practice and develop professional competencies under the guidance of an experienced occupational therapist (Still, 1982). From my teaching experience in a relatively elite, English medium South African university, the majority of occupational therapy students initially seem to struggle with the transition from classroom to real life practice situations. This challenge is not unique to the South African context. Literature shows that students often encounter difficulties in this area due to complexities of the process of transition from classroom to practice (Aston & Molassiotis, 2003; Bonello, 2001; Duncan & Alsop, 2006). In order to improve teaching and learning of the practice education component of a curriculum, there needs to be an understanding of how students learn in this context, which is currently missing in occupational therapy.

1.1. Background

1.1.1. Higher Education

Attrition, retention and graduation rates among students in higher education remain an ongoing issue of discussion across the globe. This conversation is pertinent, because institutions continue to face the challenge of improving these rates (Crosling, Heagney & Thomas, 2009). As part of society, higher education is perceived to exist to serve and improve lives among nations by preparing future citizens who will contribute to the growth of their communities and the world at large (Walker & McLean, 2010). As a result, low success rates put institutions under immense pressure from

students themselves, the public and governments. These rates tend to be used as key performance indicators and as a quality assurance measure of a higher education institution (Crosling et al., 2009). Therefore, poor performance has led to among others, the role, nature and purpose of higher education being questioned and institutions are challenged to be more accountable (Cabral & Huet, 2011).

The need to be accountable is more urgent in relation to under-represented student groups as their rates of graduation and success are significantly lower and failure to improve them has been the most pressing challenge of higher education across the globe (Crosling et al., 2009). In South Africa this category of students is "well known as non- traditional students or students from disadvantaged backgrounds" (Cross & Carpentier, 2009, p. 6) or historically disadvantaged groups, referring to mainly the black African and Coloured population groups. Although these terms suggest homogeneity in black students' backgrounds, this is not the case as there are some students who are from black middle class families and have attended well-resourced English medium high schools (Van Rensburg, 2011), so 'black' is not necessarily synonymous with poverty or disadvantage (Nomdo, 2006). However, with reference to success in higher education, graduation rates among black students remain low.

Significantly improving performance among this category of students is crucial for the country to redress inequalities that are a legacy of apartheid. Higher education is expected "to be 'transformed' to meet the challenges of the new democratic South Africa and contribute to better lives for all" (Walker & McLean, 2010, p. 849). However, this expectation continues to fail to be realised. In fact, the situation is dire, because the graduation rate in South African universities is 10 percentage points lower than the international rates for students in 3-year degree programmes (Department of Higher Education and Training [DHET], 2013).

Despite notable improvements in transforming higher education in some areas, including expansion of access and support for teaching and learning (Badat, 2012; DHET, 2013), disparities in attainment of educational outcomes across racial lines remain visible. As an under-represented student group, African students in South African universities are performing relatively poorly (Council of Higher Education [CHE], 2013; DHET, 2013; Strydom, Kuh & Mentz, 2010). This poor performance has

led to the description of higher education in South Africa as a “low participation, high attrition system” (Fisher & Scott, 2011, p. 1), particularly along gender and racial lines (DHET, 2013).

The study is located at the University of Cape Town. According to the Teaching and Learning Report, among the 2009 cohort of first-time entrants to this university, 79% of white students completed their degrees in 5 years as compared to only 48% of black students (University of Cape Town, 2014). The report added that 12% of the black cohort was still in the process of obtaining their degrees at the end of 2014 and the completion rate for this cohort was expected to be 69%. It is evident that it takes black students significantly longer to complete their degrees. The low graduation rate among black students is a national challenge that requires urgent intervention from all stakeholders in higher education. To improve these rates, particularly among this category of students, there is a need to better understand how they learn and their experiences of learning in higher education. More importantly, there is a need to make sense of the issues that contribute to the poor rates discussed above.

Recent publications (CHE, 2016; DHET, 2013; Smit, 2012) indicate that the persistent dominant view among some stakeholders in higher education is the deficit one. According to the White Paper for post-school education and training, poor performance among black students has been attributed to multitude of factors including issues relating to preparedness for higher education, the higher education context and its operations as well as resources that students bring with to this context (DHET, 2013). The dominant view of black students in higher education is one in which they are constructed as lacking (Boughey, 2007; Smit, 2012) due to their home identities and languages (Haggis, 2006; Mann, 2008). This construction of the student as lacking assigns blame to students and their backgrounds for failure to succeed (Smit, 2012). In addition, The Council for Higher Education (2016) points out that what continues to be cited as the cause of poor success rates among black students is called the ‘language problem’. In my experience, this ‘language problem’ (CHE, 2016) has also been foregrounded by educators as the cause of poor performance among black students in occupational therapy. Consequently, this study particularly foregrounds language and explores the experiences of African language speakers.

Extensive research in higher education has challenged the deficit view of students and provided alternative explanations for poor performance among them. For instance, research in South Africa has shown that challenges that non-traditional students experience in their transition to higher education are academic, linguistic, social and cultural (Bangeni & Kapp, 2005; Case & Marshall, 2008; Mann, 2008; Pym & Kapp, 2013; see also Thesen & van Pletzen, 2006). These factors are located in the higher education context.

Systemic and institutional factors have been identified as the main impediments to improving academic success among students (CHE, 2013; Fisher & Scott, 2011). Curriculum structure has been singled out as a key factor that impacts teaching and learning in this context (CHE, 2013). It is therefore evident that other than poor schooling, there are factors within the higher education context that influence attainment of educational outcomes. The statistics presented above show that these contextual influences are more pronounced for some students than others. Performance in practice education is likely to be influenced by these systemic and institutional factors.

My study focuses on students in order to gain their perspective on their own learning. As Haggis (2009) suggests, "what we know about student learning depends on where we look, and is always a reflection of specific purposes and interests" (p. 388). The purpose was to gain insights into how African language speakers learn in practice education, so as to improve their learning experience to support attainment of educational outcomes in this context. This purpose was motivated by Barnett's (1994, p. 190) proposition and question that a university education "is necessarily a process of becoming, but what kind of becoming?" The question then becomes, what kind of occupational therapist does the current curriculum produce? To respond to this question, there is a need to provide background on the nature of occupational therapy and the history of the profession in South Africa. This will be unpacked below.

1.1.2. Occupational Therapy

Occupational therapy practice is difficult to conceptualise and explain. The profession is generally not well understood (Yerxa, 1993), due to difficulty in finding a language

to articulate occupational therapy identity and practice (Creek, 2010). The challenge of articulation is due to shifts in epistemic approaches that were operational within the profession in different eras, namely pragmatism and structuralist approaches (Hooper & Wood, 2002). This challenge remains evident in education and practice today. Currently, the profession is undergoing an epistemological shift as it moves towards recognising and acknowledging the dynamic nature of knowing and conceptualising that is needed to frame occupation and health (Creek, 2010). This shift is influenced by the discipline of occupational science that is central to occupational therapy practice. Occupational science is a discipline that focuses on the study of occupations in order to improve occupational therapy practice (Clark et al., 1991). Other epistemic approaches operational in occupational therapy practice and education include a combination of the positivist scientific medical discourse, the interpretivist social discourse and the critical emancipatory discourses (Duncan & Alsop, 2006). Occupational therapy thus straddles the medical and social sciences. This combination further intensifies the challenge of articulating the identity and practice of the profession.

In different contexts, occupational therapy has varying definitions depending on, among others, socio-historical influences and ideological orientations that are dominant in the particular context. For this research I adopt the Canadian definition of occupational therapy as

> the art and science of enabling engagement in everyday living through occupation; of enabling people to perform the occupations that foster health and well-being; and enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life (Townsend & Polatajko, 2007, p. 372).

The rationale for adopting this definition is the foregrounding of the main constituents of occupational therapy; the art and the science. The importance of highlighting these constituents is that they form the basis of the occupational therapy curriculum that the participants in this study were engaged in. The definition is also one that the participants were introduced to in their first year of enrolment into the programme. Occupational therapy is therefore neither art nor science, but both, and this pairing denotes the complexity of the profession (Turpin, 2007). For students, this complexity perhaps contributes to the difficulty in articulating what it is that they do in practice.

In essence occupational therapists use what humans do (occupations) to improve their health, quality of life and to support development across the life span. Often service users interact with occupational therapists when there is a disruption in the ability to perform or participate in occupations that are deemed important, necessary or desirable. This disruption could be due to ill-health or environmental barriers that limit opportunities for performance and participation in occupations. In pursuit of health and justice, occupational therapists use activities or occupations and scientifically and theoretically informed techniques to enable performance. Therapists could also remove or adapt environmental barriers to support performance and participation in these occupations. Choice of how and when to use which occupations and activities is informed by theory as well as the therapist's own creativity.

The main goal of occupational therapy is to promote health, well-being, justice and improved quality of life through participation in occupations (World Federation of Occupational Therapists [WFOT], 2012). Clearly articulating the goal of the profession does not imply uniformity in practice. Occupational therapy practice is shaped by the context, therefore even though occupational therapists share the same professional philosophy, their practice is not necessarily the same (Lawson-Porter, 2014), indicating that the definition of occupational therapy contextual. Occupational therapy practice in South Africa differs from practice elsewhere and within the South African context, occupational therapists in different contexts are also practising differently; hence education programmes also differ, despite the common goal. This difference in occupational therapy programmes could suggest that learning experiences also differ, therefore clearly introducing the research context for this study is important and will be presented in section 1.3 below.

Occupational Therapy Education

The Occupational Therapy curriculum comprises a classroom based component and a practice education component. These components could be viewed as encompassing the main constituents of occupational therapy as captured in the definition: the art and the science. Conceptual models that guide 'thinking, reasoning, doing, being and believing' (Gee, 1990:143) are taught in a classroom situation. These conceptual models and theories borrowed from other disciplines (medical and social

sciences) could be regarded as the science part of the knowledge base of the profession. Using theories in practice requires some level of reasoning, decision-making and creativity that perhaps represents the art of occupational therapy. The focus of this study is on the practice component of occupational therapy where students are expected to apply the science of occupational therapy in creative ways, therefore merging the art and the science of the profession.

In 1952, the World Federation of Occupational Therapists (WFOT) was established as the official international organisation that aims to promote occupational therapy worldwide (Carswell, 2011). The function of the organisation is, among others, to set standards for the development, practice, monitoring and education in occupational therapy (WFOT, 2016). Specific to occupational therapy education, the federation sets the minimum standards of requirements for length and outline of programmes and provides a framework for entry-level competencies for occupational therapy practice (Hocking & Ness, 2002). Curricula are based on these exit competencies for programmes in countries that have registered as members of the federation. However, there are country specific regulatory bodies that monitor education, and institutions that offer occupational therapy education and training have to adhere to these in addition to the WFOT Minimum standards.

Practice Education in Occupational Therapy

Practice education is the experiential component of the curriculum where students learn to practice occupational therapy in context. Practice education is "the curriculum that guides professional training" (Duncan & Lorenzo, 2006, p. 51). This component is an important bridge between theory-focused classroom teaching and practice itself (Cline, 2012). To attain the educational outcomes of this component, students are immersed in the real world through practice learning or fieldwork or clinical education depending on the context. The World Federation of Occupational Therapists (WFOT) sets a requirement of completion of 1000 hours of fieldwork as part of the minimum standards for a student to qualify as an occupational therapist (WFOT, 2002).

Fieldwork is defined by WFOT as

> the time students spend interpreting specific person-occupation-environment relationships and their relationship to health and well-being, establishing and

> evaluating therapeutic and professional relationships, implementing an occupational therapy process (or some aspect of it), demonstrating professional reasoning and behaviours, generating or using knowledge of the contexts of the professional practice with and for real live people (Hocking & Ness, 2002, p. 31).

However, fieldwork is not the universal term used to denote this time spent in practice. Other terms were developed as fieldwork was critiqued in some contexts for not fully encapsulating the learning that takes place in these settings (Lorenzo et al., 2006). At the research site for this study, the term 'practice learning' is preferred and it refers to the "shifts in knowledge, skills and attitudes that occur in students as a result of participating in a range of experiences in the real world" (Duncan & Alsop, 2006, p. 14). In this study, the terms 'fieldwork' and 'practice learning' will be used interchangeably. Practice education could be considered as the curriculum of the practice component of occupational therapy and the learning that happens for achieving practice education outcomes is practice learning. The practice learning context is the only context within which students can develop professional competencies and the occupational therapy identity.

Developing professional competencies is a process through which students engage with 'being' and 'doing' occupational therapy. Professional competencies comprise demonstrating knowledge of the context or situation, clinical practice skills, professional values and behaviours, and clinical reasoning guided by theory (Holmes et al., 2010) and conceptual models. Clinical reasoning is a concept that was introduced to occupational therapy by Mattingly (Mattingly, 1991) and it refers to "the process used by practitioners to plan, direct, perform, and reflect on client care" (Schell, 2003, p. 131); it is "reflexive thinking associated with engaging in a client-centred professional practice" (Unsworth, 2011, p. 211). In practice learning, students are expected to use theories, models and professional assumptions to guide behaviour, interaction and intervention with service users, who are introduced to students as clients or patients depending on the setting. This difference in terms used to refer to occupational therapy service users is also evident in literature, therefore in this thesis, I will use the term clients when citing an existing source that used this term and service users to refer generally to people that use occupational therapy service. The term patients will denote service users that are in hospital settings.

Practice learning reflects a situated learning environment. Situated learning posits that action [in this case practice] is grounded in a situation, therefore there is a need to understand knowledge and learning in context (Lave & Wenger, 1991). In practice learning, students develop new knowledge about the profession through reflection and clinical reasoning under the guidance of an expert. The expert requires the student to continually organize (and re-organize) available theoretical and cognitive resources in the process of engaging with dynamics emanating from the clients and the practice setting (Buchanan, Moore & Van Niekerk, 1998). A major contribution of the situated learning movement is the notion that it is crucial to emphasise the relationship between classroom-based learning and the requirements of real life situations (Reder, Anderson & Simon, 1996). However, research has shown that this link is often not emphasized to students during educational preparation (Ikiugu & Rosso, 2003). The consequences of not highlighting the link are likely to be more evident during practice learning. This makes student learning in this area a topic of interest and significance. In order to explore student learning in practice, there is a need to discuss the socio-politico-historic context within which this learning takes place.

1.1.3. History of Occupational Therapy education in South Africa

The socio-politico-historic context forms the basis of systemic and institutional factors that students encounter upon entry to higher education. These factors shape the context of learning and the processes of teaching and learning. For occupational therapy, the origins of the profession in South Africa are a good place to begin to understand why occupational therapy practice and education operate as they do. Occupational therapy in South Africa today bears the legacy of the profession's origins. The profession was introduced by occupational therapists from Britain during a period of transition from the colonial era into apartheid, around 1945 (Joubert, Galvaan, Lorenzo & Ramugondo, 2006). Occupational therapy practice and education were therefore shaped by ideologies and epistemologies of the colony and apartheid.

The history of the profession is the foundation upon which the curriculum is developed. Most curricula in South Africa were imported from the United Kingdom. The first occupational therapy programme was launched by the University of Witwatersrand in 1943 by two British occupational therapists and in 1972 the University of Cape Town

introduced the occupational therapy programme (Crouch, 2016). Importing curriculum and pioneers resulted in the curricula being influenced by ideologies and epistemologies of European decent. These influences, coupled with the apartheid policy, negated indigenous knowledge systems that were present, and established Eurocentric views and knowledge as the superior standard (Joubert et al., 2006). Remnants of its ancestral roots remain evident in the structure, content, delivery and expectations of the occupational therapy curriculum today. For instance, “a eurocentrically biased science forms the foundation upon which the South African occupational therapy curriculum was built” (Joubert, 2010:21). In addition, it has been established that majority of occupational therapy practice models developed are mainly informed by Western ideologies, particularly of individualism and independence, therefore their relevance and usability in other contexts such as the Eastern and African contexts has been deemed problematic (Iwama, 2003). However, these practice models continue to form an important part of occupational therapy curricula across the world, as their inclusion in curricula forms part of the WFOT (2016) minimum standards of education. As a result, determining the cultural and contextual relevance of the practice models in South Africa and other developing countries is critical (Owen, Adams & Franszen, 2014). Consequently, occupational therapy has not been immune to recent protests and the call to decolonise curricula (Boughey & McKenna 2016).

Although the call for critique of dominant epistemic orientations and ways of doing seems more urgent in South Africa given the student-led protests, for occupational therapy this call is not unique to South Africa. There have been calls, particularly in Brazil, for a socially responsive practice (Galheigo, 2011) that meets the needs of those who access occupational therapy services. It has been widely recognised that the curriculum is not sufficiently responsive to the needs of communities, particularly those communities that continue to struggle for access to services and have limited opportunities for participation in occupations. Even though the curriculum at the research site (to be outlined in section 1.3) seems to have a vision that aligns with social responsiveness, the performance of black students in occupational therapy indicates that there are still challenges to realising this vision.

The history of the country and the origins of the profession shape access and success in occupational therapy training differently for different population groups. The graduation rates among black students in occupational therapy programmes in elite universities in South Africa are low, particularly for African language speakers. For instance, at the University of Cape Town, the research site for this study, 33% of African students enrolled between the years 2006-2013 graduated in the minimum time and overall 62% of the intake eventually graduated as compared to 92% of white student (University of Cape Town, 2017). In a study conducted at the research site in 2000, Ramugondo established that black students in occupational therapy found the curriculum alienating, and the legacy of apartheid in the form of institutional racism was prevalent; black students felt they were expected to adapt to the Western culture, learning environment and curriculum that marginalizes them (Ramugondo, 2000).That study focused on the overall experiences of non-traditional students in occupational therapy. My study focuses on the transition into practice education.

1.2. Rationale for the study

Central to the rationale for this study is limited literature on practice education in occupational therapy, despite the importance of this component to occupational therapy education. In addition, research has tended to focus on one or other aspect that influences learning, hardly focusing on the learning process itself. For instance, there is evidence of the influence of context on practice education (Aston & Molassiotis, 2003; Duncan & Alsop, 2006), the experiences of students in practice learning (Bonello, 2001), as well as cognitive and affective factors that impact the use of theory in practice (Van Rensburg, 2006). In addition, documented student experiences in occupational therapy have also been predominantly from the perspective of the clinical educators or supervisors and minimally from the students themselves. In this study, the data collection methods used ensure that student learning in practice education is explored from different perspectives: the students themselves, the supervisors and through document reviews.

In existing occupational therapy literature, there is also lack of documentation on how students learn and acquire knowledge in practice learning contexts (Richard, 2008).

In particular, the learning experiences and processes of African language speakers[1] studying in English medium contexts have not been explored within the profession. This is an urgent need given their under-representation in elite universities in South Africa and the persistent overall performance of this category of students nationally as presented in section 1.1.1. For instance, African students made up only 18% of the total intake of students at the University of Cape Town in the years 2006-2013 and 21% dropped out, compared to 53% intake of white students with only 5% dropping out (Institutional Planning Department, UCT, 2017).

Transition into practice is an interesting area of focus, given that at this point in the students' educational trajectory they are expected to provide occupational therapy services, which marks a shift in identity from student to therapist. I engage in in-depth exploration of three students' learning experiences in practice education, drawing attention to the influence of contextual factors including language in use, and how these shape experiences of practice learning and mastery of literacy practices, thereby impacting performance in this area. I pay particular attention to the tensions and contradictions encountered and how the participants used resources available to them to navigate this process.

The thesis draws on a range of poststructuralist theorists within the discipline of education in order to describe and analyse how participants negotiate practice education. The theory of Discourse as outlined by James Gee (1990) is central and is used to describe and analyse student learning. Gee describes the inextricable connection between ways of "doing-being-valuing-believing" and ways of using language within particular social contexts (Gee, 1990, p. 142). His theory of Discourse provides a framework for understanding how gaining access to disciplinary discourses entails not only negotiating understanding of accepted ways of doing, knowing and valuing, but also ways of using language and literacy within the discipline while developing an identity that must be recognised by established members of the discipline. Gee's work illustrates how Discourses are always value-laden and how becoming an accepted insider within a discipline entails negotiating the accepted ways

[1] African Language Speakers is selected as a descriptor to avoid using the contested term of English Second or Additional Language speakers.

of being within Discourses (see section 2.2.1 for a detailed discussion on the theory of discourse). As a result, in this study, I consider learning in practice education as a process of negotiating ways of being in occupational therapy practice.

Another useful lens that has not received attention in occupational therapy research is the New Literacy Studies approach (Gee, 1990; Street, 1996). This approach enabled me to identify, describe and analyse occupational therapy ways of reading, writing and acting in the practice context (see section 2.2.2 for a detailed discussion on literacy). The key constructs outlined in section 2.2 strengthened the theoretical grounding of this study and enabled me to provide explanations for why African language speakers in occupational therapy practice education learn the way they do. This is a much needed explanation that could perhaps shed some light on why African language speakers in occupational therapy tend to underperform.

1.3. Research context: The UCT Occupational therapy curriculum

Occupational therapy curricula across the world are influenced by both international and local policies and guidelines. Occupational therapy education is shaped by education and health policies. With reference to education frameworks, the UCT curriculum aligns with the Minimum Standards set by the World Federation of Occupational Therapy (WFOT), as well as the qualification benchmarks set by the Higher Education Qualification Framework (HEQF) and the Health Professions Council of South Africa (HPCSA) (for a detailed account of assessment criteria for each exit level outcome, see Appendix 1, Division of Occupational Therapy, 2012).

The selection of courses that make up the undergraduate curriculum demonstrates a commitment to integrating knowledge from different orientations. In the first and second years of study, the majority of courses are based in the biomedical and social sciences (Division of Occupational Therapy, 2012). These courses form the knowledge base that students need to draw from during practice learning in third year. Drawing from different disciplines and paradigms is the norm in occupational therapy education and practice.

While there is a commitment to graduating therapists that are socially responsive, the programme still faces challenges of balancing the social responsiveness agenda and the core occupational therapy knowledge and skills required of graduates (Division of Occupational therapy, 2012). This is evident in the curriculum content and the graduate exit competencies. The presence of competing epistemic orientations within the occupational therapy curriculum can result in tensions and contradictions that could lead to a breakdown in curriculum coherence that impacts student learning.

The curriculum could be regarded as a transformative curriculum that is underpinned by values that endorse the constitution of South Africa through "resisting dominance, enabling participation, supporting identity, advancing development, promoting justice and developing competence," (Division of Occupational Therapy, 2013, p. 19). Hence graduates are seen to be capable of implementing occupational practice that is socially responsive to the needs of the majority of South Africans, especially those that were previously marginalised. However, the success rates of black students in occupational therapy at the university suggest that there are elements of teaching and learning that have a negative impact on their performance.

UCT OT Practice Education

Practice education in particular is influenced by legislation and policy that govern sectors where occupational therapists practice (Van Der Reyden, 2010). The sites that students are placed at to engage in situated learning and the objectives or expectations that are set reflect an attempt at realisation of the policy drivers for the specific contexts as well as the exit competencies. For instance, students are assigned to placements across diverse settings and at different levels of care within the health system as the Division's contribution to realising policy objectives set by the Department of Health in the Western Cape (Division of Occupational Therapy, 2012). The identified sites provide students at different levels of study an opportunity to meet the curriculum expectations at that level.

The focus of practice learning is on enabling professional socialization; introducing students to "ways of acting, behaving, thinking, relating, valuing and using knowledge" (Gee, 1990, p. 143) as occupational therapists. This socialization process is marked

by meeting professional standards through attainment of exit competencies. A site is earmarked for its potential to provide an opportunity for this socialization to take place by ensuring a suitable client base and an appropriate role model for the student: emphasis is on what students need to do in context to fulfil expectations (Duncan & Alsop, 2006). The practice education curriculum expectations across the four years of undergraduate study are supported and scaffolded from one year to another. Through practice learning, the practice education curriculum is realised.

In first year, the focus is on students beginning to develop these “ways of behaving, being and valuing” (Gee, 1990, p. 143) like occupational therapists. During this learning process they are expected to start developing a professional identity and skills for interacting with service users (Division of Occupational Therapy, 2012) through abiding by the set code of conduct.

In second year, students are introduced to ways in which occupational therapists identify needs or areas of focus when working with service users. Students are introduced to a range of assessments and assessment methods that occupational therapists use in practice. The focus of students’ interaction with clients at this level is to practice conducting assessments and using assessment methods and instruments appropriately and recording findings accurately (Division of Occupational Therapy, 2012). Although, in the curriculum outline for second year, this interaction with service users is not categorised as practice learning, in terms of accumulating hours, it is considered situated learning and it is organised as practical sessions.

In the third year of study, the curriculum focuses on practice in two areas: mental health and physical health. The main educational outcome for students in third year practice learning is to demonstrate knowledge and skills in applying theory in practice (Division of Occupational Therapy, 2012). The content of the curriculum builds on knowledge from previous years with the aim of enabling students to implement the occupational therapy process, thereby beginning to work with service users in a way that is recognised by the profession as occupational therapy. The third year practice learning sites are predominantly located in the health sector and organisations in the community that offer health services.

In the fourth year of study, students are placed at sites that span categories of work, health, community and education settings. The focus of practice learning is on community development, work and child learning, development and play practice areas. Most of these sites do not have a permanent occupational therapist, so the students do not often have a clinician as is the case for third year sites. Placement of fourth year students at these sites is part of the university's staff and students' contribution to social responsiveness and developing role emerging occupational therapy practice (Division occupational therapy, 2012).

In order to enable attainment of the set educational outcomes for the curriculum, there are a number of role players involved in the learning process. These role players include the following: the student, the clinician or site learning facilitator, the clinical educator and the service users. Given the history of South Africa, the majority of service users that students encounter on practice learning sites live in conditions of extreme poverty and deprivation, in areas rife with violence and marginalisation. The persistent inequalities among racial groups in South Africa remain evident, particularly in education (Badat, 2012) and health sectors. Students therefore are confronted with contextual factors that influence their service provision (Division of occupational therapy, 2012). The identified practice learning sites give students a glimpse of the issues that they would have to engage with as qualified occupational therapists as the abovementioned factors are not unique to the Western Cape, but are nationwide issues that impact occupational therapy practice. It is worth noting that limited resources; material and human resources and shortage of health professionals across the country impact on the suitability of a service or setting as a practice learning site (Duncan & Lorenzo, 2006). This challenge is further intensified by the heightened demand for placements due to increasing class sizes as a result of the increase student intake across higher education (Erasmus & Vermeulen, 2015).

The site learning facilitator or clinician is often a qualified occupational therapist on site, who is responsible for the people that the students work with. This person is in contact with the student on a daily basis, socialising the student into the profession and modelling occupational therapy practice (Duncan & Lorenzo, 2006). Third year sites are required to have a clinician. The clinical educator who is often referred to as the supervisor is an employee of the university, whose mandate is to ensure that the

curriculum expectations are met. The clinical educator and the clinician carry out ongoing assessment of student performance and provide the relevant support and guidance. The clinical educator is expected to provide face-to-face supervision on site on a weekly basis and to give feedback on written work that students are expected to complete in practice learning (Division of Occupational Therapy, 2011) as well as to oversee the overall process of assessment of performance.

In practice learning, assessment practice consists of formative and summative types of assessments. The former is aimed at promoting ongoing learning through the provision of written and verbal feedback (Division of Occupational Therapy, 2011). Feedback plays a vital role in the students' ability to grow and improve performance. "Written feedback is central to the process of enculturation of students into the [literacies] and epistemologies of their disciplines" (Hyland, 2009, p. 132). Assessment methods such as case reports, demonstration logs and projects are used (Division of Occupational Therapy, 2011). There are two types of logs: the planning log and the learner's log. The former outlines the plan that the student is to execute during interaction with the service user. A learner's log is a reflective piece of writing "where a student captures perceptions of his or her learning and progress" (Buchanan, Van Niekerk & Moore, 2001, p. 398). It is aimed at promoting critical reflection and the development of clinical reasoning (Buchanan, Moore & Van Niekerk, 1998).

Formative assessment is done in the form of a demonstration. This demonstration comprises three stages, namely; presentation of the service user and the planned treatment session, acting of the intervention and evaluation of both the presentation and the action. The varied genres that characterise assessment put enormous pressure on students to shift practices within a short space of time as each stage has its own demands in terms of form, function and content. In light of the background provided on the UCT practice education curriculum, it becomes evident that in practice learning students negotiate curriculum expectations and contextual influences that shape learning and practice.

1.4. Purpose of study

The purpose of this single instrumental qualitative case study was to explore how students negotiate practice education curriculum expectations and develop professional competencies in occupational therapy. The participants were African language speakers who were registered for the third year occupational therapy programme, which is a period of transition from predominantly classroom-based teaching and learning to practice-based teaching and learning. The period marks the beginning of an important process of developing the occupational therapy identity in context. Gaining insights on these processes of being and becoming occupational therapists is valuable for the profession as indicated in the background to the study.

1.5. Aim

To describe, analyse and explain the learning processes that students who are African language speakers engage in as they navigate practice education.

1.6. Research Question

How do African language speakers negotiate practice education delivered in English and develop professional competencies in a curriculum such as Occupational Therapy?

1.6.1. Sub-questions:

1. What learning processes are employed by students as they navigate practice education?
2. What are the tensions and contradictions that students experience in practice education?
3. How do students use theory in practice?

1.7. Significance of the study

Through this study I hope to make a contribution to the field of Health Sciences education. The focus on educational research in this field is still a novelty, not only for occupational therapy educators, but also for health sciences educators in general. The findings could be useful in providing insights on how to improve attainment of educational outcomes among black students. This study offers educators in

occupational therapy an opportunity to gain understanding of how this category of students experience the learning context and how they navigate complexities within this context in order to learn.

1.8. Outline of chapters

Chapter 2 is the literature review. This chapter begins by unpacking the key constructs in this study, followed by engagement with different types of curriculum. Student experiences in higher education as the broader context are briefly introduced. A narrowed focus on experiences specific to practice learning then follows. The methodology is presented in Chapter 3 of this thesis. This chapter outlines the research approach, methodology, design and process adopted in this study. The chapter also sheds light on data collection and analysis strategies that were employed to yield the narrative of each of the embedded cases illustrated in Chapter 4. The participants' experiences of practice learning and their reflections on the process of navigation are foregrounded in this chapter. Through within-case analysis, the influences of language in use become apparent, creating the tensions and contradictions, and the influence on positionality and enactment of power. The narratives also demonstrate how the participants exercised agency, deploying resources available to them, some of which were located in the learning context and some drawn from their primary and previous secondary discourses. The analysis as presented in Chapter 4 yields the case narrative in Chapter 5, which illuminates sources of tensions and contradictions in the navigation process as originating beyond the student. In Chapter 6, the discussion unpacks the findings captured in Chapter 5, using theory and experience to provide explanations. Lastly, Chapter 7 presents the conclusion and recommendations.

Chapter Two: Theoretical Perspectives on Student Learning

In Chapter 1 the purpose and potential contribution of this study were outlined. This chapter extends some of the discussions introduced in Chapter 1, exploring existing literature on student learning in higher education. Three key constructs in this study namely: discourse, literacy and identity are discussed and their usefulness in extending understanding of learning processes is presented. Since curriculum is the research context, the conceptualisation of different types of curriculum are discussed in section 2.3 of this chapter. Lastly, research on students' experiences of learning in higher education in general and in practice education will be presented.

2.1. Key constructs

The discussion of these key constructs provides a theoretical basis for understanding learning processes.

2.1.1 Discourse

In Chapter 1 (1.1.3) I outlined the importance of James Gee's theory of Discourse (Gee, 1990) as a theoretical framework for conceptualising how African language speakers negotiate access to the discipline. Gee describes the inextricable link between ways of "doing-being-valuing-believing" and ways of using language (Gee, 1990: p. 142). This notion of Discourse (with a big "D") moves away from conventional socio-linguistic understandings of Discourse as language in use. Bloor and Bloor's (2007, p 6-7) categorization of the various definitions of Discourse is a useful reference. These definitions which Gee (1990) refers to as discourse with a "little d" confine language to discrete speech contexts which do not take its ideological nature into account.

The work of Gee and other post-structuralist theorists (e.g. Fairclough, Pennycook, Street) highlights the socio-historical, cultural and political nature of language. This has shifted the field from a decontextualized notion of language and enables a focus on the social construction of language: its function and relationship to power and identity. This perspective recognises that "language is productive and shapes our understandings of ourselves, others and what is or is not possible" (Barret, 2005, p.

81). As a conceptual tool in this study, the notion of Discourse is useful for developing an understanding of language: its role in meaning-making, positioning and how it could facilitate or hinder the learning process. Crucially, this understanding foregrounds the critical role of language in the process of negotiating access to the discipline of occupational therapy.

Based on this notion of Discourse, student learning constitutes more than just language in use; it is a social practice. As social practice, language in use is both a mode of action and representation in the world (Fairclough, 1992). This is particularly relevant in the practice learning context, where development of professional competencies is part of the learning process. Professional competencies constitute the knowledge, skills and attitudes required of professionals in providing a service. For occupational therapists, these competencies encompass using language to demonstrate occupational therapy and context specific knowledge, demonstrating practice skills, professional values and behaviours, and clinical reasoning guided by theory (Holmes et al., 2010). This description highlights other elements that have to be coupled with language use for students to be recognised as 'doing' occupational therapy.

Gee's notion of Discourse offers a framework for making sense of the reasoning, practice skills, actions, values and behaviours that are part of the professional competencies that students have to develop. Gee defines Discourse as

> a socially accepted association of ways of using language, of thinking, feeling, believing, valuing, acting, reading and writing, and using symbolic expressions and artefacts that are shared by a social group, therefore are used to identify one as a member of that group or to signal a particular social role (Gee, 1990, p. 143).

He also refers to Discourse as

> distinctive ways of speaking/listening and often writing/reading *coupled* with distinctive ways of acting, interacting, valuing, feeling, dressing, thinking, believing, with other people and with various objects, tools and technologies, so as to enact specific socially recognizable identities engaged in specific socially recognizable activities (Gee, 2008, p. 155)

Making reference to reading and writing in particular ways shows how literacy, like identity and language, are part of Discourse. Gee's definition of Discourse encompasses other key constructs in this study: namely, language, identity and literacy, therefore it is the preferred definition for this study.

Based on this definition, occupational therapy practice could be regarded as a Discourse as it entails specific ways of doing-being and using language that are unique to the profession. In practice learning in particular, students develop ways of saying, "doing-being-acting-believing and valuing" (Gee, 1990, p. 143) that signal doing occupational therapy and becoming an occupational therapist, in a way that is recognised by the experts in the field. Recognition is important when seeking access to a Discourse, as it is through recognition that one is considered an insider or an outsider of the group (Gee, 1999). Being recognised as an insider grants access to resources to which only members have access. Gee (1990) refers to these resources as social goods including status, material goods, power and worth.

Individuals are members of multiple Discourses that are historically defined and these Discourses construct particular roles and identities for individuals (Gee, 1990, 1996) indicating the positioning and constitutive nature and power of Discourse. This power is situated in discursive practices which are "all ways in which people actively produce social and psychological realities" (Davies & Harre, 1990, p. 45). These practices govern language in use and provide subject positions (Davies & Harre, 1990) that Gee refers to as "Discourse-defined positions" (Gee, 2008, p. 162). A subject position "incorporates both a conceptual repertoire and a location for persons within the structure of rights for those that use that repertoire" (Davies & Harre, 1990, p. 46). Therefore, when an individual selects a particular discursive practice along with its resources, the individual assumes a position made available by a particular Discourse as an insider.

Insiders and outsiders do not have the same power and this becomes evident during interaction. Power is always present in all social interactions and it plays an important role in Discourse. Bourdieu (1977) highlights the crucial role of power in structuring Discourse by showing that "legitimate" and "illegitimate" speakers are distinguished by their differential 'rights to speech' or their 'power to impose reception' (p. 648). This

brings to light the fact that speaking rights are often not shared equally among interlocutors. In the learning context students hold less speaking rights than educators, but more rights than their patients. In practice learning, students are negotiating access to the occupational therapy practice Discourse, thereby seeking membership into the occupational therapy profession as a social group. Positioning of people as insiders or outsiders demonstrates how language could be used to communicate value and power or not.

As a tool that differentiates members from non-members, language is used to position and define the self and others. Benveniste (1958, p. 224-225) posits that "it is in and through language that man constitutes himself as a subject and language is possible only because each speaker sets himself as a *subject* within his Discourse." Positions therefore do not precede interaction; it is through interaction that a position is made available within the boundaries of a Discourse. These subject positions that emerge during interaction also shape the interaction itself (Tirado & Galvez, 2007). They are positions "from which to speak and behave" (Gee, 2008, p. 162) while doing "recognition work, which is the process of being recognised by others as being a particular type of who engaged in a particular type of what here and now" (Gee, 1999, p. 18), therefore enacting a specific Discourse. While enacting a specific Discourse, the individual is theorising about the self through the Discourse while simultaneously being shaped by it (Gee, 1990).

The decision to enact a particular Discourse is context dependent and it is a process that could be more challenging for some people than others. The challenge stems from the fact that "Discourses often represent conflicting and incompatible values, so as we enact various Discourses, we are constantly negotiating tensions and conflicts between Discourses" (Gee, 2008, p. 4). For instance, tension could exist between what is regarded as appropriate, therefore permitted in one context, but not another (Fairclough, 1992). This discussion suggests that selecting a Discourse to enact could be a complex process, particularly when there are competing Discourses as in the case of the participants in this study (this will be further discussed in Chapter 5).

Drawing on this understanding of Discourse, I conceptualise learning in practice education as a process of gaining entry into the occupational therapy practice

Discourse. This is a process of negotiating access which entails assuming subject positions, enacting Discourse and demonstrating fluency in the literacy practices of the practice education Discourse. Literacy will be unpacked in Section 2.2.2 below.

Primary and Secondary Discourses

Gee (1990) posits that there are two types of Discourse; namely, primary and the secondary Discourses. The concept of primary Discourse refers to the initial Discourse that a person acquires through socialization in "whatever constitutes their primary socializing unit early in life" (Gee, 2008, p. 156). This unit could be the home; hence this Discourse could be referred to as the home-based Discourse. It is within the home or the primary unit that the individual gains first membership to a group of people and this may extend outwards to the community, particularly in settings like villages in Africa, as per the saying *it takes a village to raise a child*. Primary Discourses have distinct ways of integrating words, actions and values that are shared by the family or community and these are connected to social practices of the particular group, and therefore constitute the first social identity of the person (Gee, 1996). These Discourses serve as a point of reference from which other Discourses are acquired or resisted (Gee, 2008). This could suggest that as students negotiate membership to the occupational therapy Discourse they use their home Discourses as a point of reference.

Gee argues that secondary Discourses are acquired through socialization and association with social groups beyond the home (Gee, 1990, 1996) or the primary socializing unit (Gee, 2008). These Discourses are generally located in the public sphere, predominantly within institutions and are often specialised (Gee, 2008). School-based Discourses are an example of secondary Discourses. The nature of secondary Discourses is such that access to them has to be negotiated; it is not automatic and access depends on established members of the particular Discourse (Gee, 1999). This process of negotiation may be more challenging for some than others depending on the difference between their primary Discourse and the new Discourse. When primary and secondary Discourses are compatible, mastery of the secondary Discourse can be attained easily and quicker, but when they are dissimilar conflict, contradictions and tensions arise, which may interfere with fluency in the secondary Discourse, therefore limiting attainment of social goods attached to the

Discourse (Gee, 1990, 1996, 2008). This notion of primary and secondary Discourses is key in this study, as tensions and contradictions between Discourses are areas of interest, as per the research questions. However, it is important to keep in mind that the distinction between primary and secondary Discourses is not clear cut. Social groups tend to filter valued aspects of secondary Discourses into primary Discourses and primary Discourses are sometimes strategically incorporated into enactment of secondary Discourses (Gee, 1996).

Discourses belong to social groups and their existence is sustained and regulated through structures and technologies that are developed and policed by these groups (Gee, 1990, 1996, 2008). A dominant group whose Discourses become dominant in a particular context, is one whose ideologies and practices become naturalised and therefore are regarded as the norm (Gee, 1990). This highlights that dominant Discourses are hegemonic and are sustained through hegemonic practices that exclude those that are not members of the dominant social group in a specific context. Discourses of some social groups have gained ground in the public sphere, have become dominant in society (Gee, 2008). The Discourses of members of less dominant groups are therefore silenced and often negated. The power of the social group is sustained through Discourses and social structures as Fairclough (1992) indicates that it is through social structures that discourses are constructed, sustained and enacted; in turn it is through discourse that social structures are established and sustained (Fairclough, 1992). As a result social structures and discourses can be designed and used to maintain a position of power for one social group over others. For instance, the interests of some groups can be sustained through language practices while simultaneously marginalising those of others (Tejeda, Espinoza & Gutierrez, 2003).

Gaining access to secondary Discourse

Gee argues that gaining access to a Discourse is a process that involves transformation into a new identity that makes one recognizable by a specific social group. There are two processes through which one becomes a member of a Discourse: acquisition and learning (Gee, 1990, 1996, 2008). To define acquisition, Gee draws from Tharp and Gallimore (1988) and refers to acquisition as the “process of enculturation into social practices through scaffolded and supported interaction with

people who have already mastered the Discourse" (Tharp & Gallimore, 1988 in Gee, 1990, p. 147). Although Gee (1990) does not define the concept of scaffolding, within the process of acquisition, scaffolding as was described by Wood, Bruner & Ross (1976) as a process where a student is supported in mastering a task or solving a problem that they would otherwise not manage without assistance from a more knowledgeable person. The level of support is then gradually withdrawn as the student becomes more competent; this support is tailored to the student's needs. Practice is imperative for achieving mastery of the Discourse.

"Learning on the other hand is a conscious process of gaining knowledge through teaching or through experiences that trigger reflection" (Pinker in Gee, 1990, p. 146). Through learning, meta-knowledge is gained (Gee, 1990), but mastery of the Discourse is not possible. For example, knowledge of occupational therapy content, would not enable a student to act like an occupational therapist in context, because this knowledge is decontextualized. In this situation the student learns the language of the discipline, but not the other accompanying elements such as the values, beliefs, attitudes and ways of being and doing that warrant recognition as a member of the discipline. Learning is a process through which students can gain access to a particular secondary Discourse (Gee, 2008). However, Gee argues that full mastery is not attainable through learning.

Ideally, acquisition should precede learning (Gee, 1990), but this is not always possible. The structure of many curricula, including the occupational therapy curriculum, positions learning prior to acquisition. In the occupational therapy curriculum that is the focus of this thesis, in the first two years of study the majority of time is spent on teaching and only in the final two years do students spend more time immersed in the practice component of the curriculum. Gee argues that failure to balance acquisition and learning in the classroom privileges students whose home Discourses are similar to the school-based Discourse, and who therefore have begun the process of acquisition at home (Gee, 1996). Similarly, this could partly explain why students whose home Discourses are significantly different from the secondary Discourse are often out of their depth upon entry into higher education as their initial interaction with the Discourse that they are gaining entry into is through learning and not acquisition. Gee (1996) cautions that limited acquisition in the classroom situation

results in limited mastery-in-practice. In practice learning, students whose home Discourses are significantly different from the occupational therapy Discourse could perhaps demonstrate more proficiency in the meta-knowledge, but not know how to be practitioners. On the other hand, Gee (1996) also cautions against too little attention to learning as this could significantly limit critical thinking. It is important to note that in reality membership to a secondary Discourse takes place through a process, and on a continuum between learning and acquisition (Gee, 1996). Therefore striking a balance that is appropriate for a specific context at a specific time is key.

Acquisition and learning as processes of achieving mastery of a Discourse are not neutral processes as Discourses are ideological and are sustained by hegemonic practices. These processes could be sites for conflict and tensions that could impact on mastery of the occupational therapy Discourse. This could be because the processes of negotiating access to new Discourses that are considerably different from students' primary Discourses often result in 'conflict and ambivalence' (Pym & Kapp, 2013, p. 274). In addition, there is agreement that mainstream approaches to language and literacy do not favour the interests of learners from other cultures; instead the learners are labelled as deficient or illiterate (Gee, 1990) and struggling or at risk.

In research conducted in the UK, it was established that the norms and values of institutional culture at a university were not readily accessible to non-mainstream students, as the academic culture coupled with the dominant Discourse of academic life presented the student from a middle class background as the 'norm', therefore placing students from marginalised backgrounds as the 'other' (Read, Archer & Leathwood, 2003). Similarly, in South Africa, a study by Bangeni and Kapp (2005) argues that the institutional culture at the University of Cape Town is predominantly English and middle class and therefore, positions students from marginalised communities as 'different' which negatively impacts on their performance.

Educators are in a position to support and facilitate access to secondary Discourse. However, as established members of the Discourse, they have to truly understand, appreciate and acknowledge the social groups that new members come from as well as be conscious of the Discourse-bound nature of all practices in society (Gee, 1990).

Pym and Kapp (2013) add that “post-structuralist theorists argue that past identities and literacies have to be acknowledged and considered as an individual negotiates access to a new Discourse (p. 274)”. This consideration could motivate educators to explore teaching practices that support attainment of fluency in the new Discourse and it would disrupt the discursive positioning of students from non-dominant social groups as the ‘other’.

In summary, Gee’s theory of Discourse (1990) provides a lens for understanding practice education as a specialised secondary Discourse. The process of gaining access to this Discourse entails learning, understanding and acquiring new ways of constructing knowledge; new norms and values and ways of being that are inextricably bound to ways of using language. This process is likely to be more challenging for students for whom English is an additional language and/or for whom the norms and values of the secondary Discourse are significantly different from those of their primary Discourses. As a result, the process of gaining access requires navigation of tensions and contradictions that relate to attainment of educational outcomes in practice education. Attainment of the outcomes depends on the students’ ability to demonstrate fluency in the Discourse.

2.1.2 Literacy

The study draws on the concept of literacy as espoused by New Literacy Studies theorists like Gee, Street, Lea and others. The concept of literacy was useful for further conceptualising what students do in practice education, mainly because literacy is used as a measure of performance in educational settings. As a result, unpacking literacy in practice education would also contribute insights to the issues of poor attainment of educational outcomes among African language speakers. The potential for this concept to advance understanding stems from its definition and relationship to discourse. Defining literacy has been and continues to be a challenge as this concept represents different things to different people (Graff, 1995) in different contexts (Barton & Hamilton, 2000). Traditionally, literacy refers to the ability to read and write; it is a set of cognitive skills that an individual acquires (Gee, 1996; Kelder, 1996; Street, 1984) mainly through schooling. However, this decontextualized, apolitical view of literacy, has been critiqued (Street, 2003).

Specific to this study, the traditional view of literacy is limited in providing an explanation for underperformance among African language speakers, because despite their ability to read and write (hence their admission to the occupational therapy programme), underperformance persists among this category of students. In this case, the only explanation that this perspective of literacy affords is that this category of students lacks the cognitive skills relevant for reading and writing in occupational therapy. As a result students are labelled as inadequate; creating a deficit view (Kelder, 1996) of understanding student performance. Another limitation of this approach is that literacy is limited to reading and writing, whereas in the context of practice education, there are other literacies that are used as a measure of performance.

The works of Street, 1984, 1995, 2003; Gee, 1991, 2008 and Gumperz, 1986 were seminal in motivating for an alternative approach to literacy. In particular, Gee (1991) and Street (1984, 1996) are the main proponents of a contemporary approach to literacy referred to as the New Literacy Studies. This approach adopts a sociocultural approach to literacy and conceptualises it as social practice, rather than simply the ability to read and write (Gee, 1991; Street, 1996). Some of the fundamental principles of this approach are that

- there are multiple literacies, not just reading and writing, and research has to take this into consideration;
- literacy is always situated in context; varying across time, space and culture, thereby yielding different outcomes at different points in time and space under different circumstances; and
- literacies are ideological, always contested and with a desire to dominate others (Gee, 1991; Street, 2003).

Lankshear and Knobel's (2006) definition of literacies captures the principles outlined above and provides an appropriate framework for my study. They describe literacies as "socially recognized ways of generating, communicating and negotiating meaningful content through the medium of encoded texts within contexts of participation in Discourses" (Lankshear & Knobel 2006, p. 64). This definition also

establishes a relationship between literacies and discourse; literacies are shaped and regulated by discourses and are recruited during enactment of discourse. Hence, Gee (1996) defines literacy "as mastery of a secondary Discourse and literacy activities belonging to specific Discourses (p. 143)". Literacy in a particular discourse refers to the appropriate ways of reading and writing in that discourse (Gee, 1996). This means that literacies are linked to ways of being, doing, thinking and valuing that are specific to a discourse and perhaps literacy could include the ability to use symbols, tools and knowledge in ways in that can be recognised as enacting a particular discourse.

In practice education, occupational therapy students learn ways of reading, writing, communicating, and negotiating occupational therapy content in a way that is recognised by experts in the practice settings. This 'recognition work' (Gee, 1999) underscores the role of literacy in creating and assuming subject positions. During interaction with stakeholders, students are expected to assume subject positions within which they decode encoded disciplinary texts as part of negotiating access to and participating in the practice education discourse. Acquiring relevant literacies would enable students to participate in practice education Discourse-specific literacy activities. Literacy events are "observable activities where literacy plays a significant role and texts are central to the activity" (Barton & Hamilton, 2000, p. 8). The non-observable behaviours and understandings of literacy that shape participation in the literacy event are referred to as literacy practices and these include "values, attitudes, feelings, relationships" (Street, 1993, p. 12), knowledge, skills, and embodied social purposes (Mannion & Ivanic, 2007). In essence "literacy practices are what people do with literacy" (Barton & Hamilton, 2000, p. 8). As Gee (1990) indicates, mastery of literacy practices enables participation in the discourse. This participation would grant access to social goods, such as marks/grades. Grades are social goods, because they "are powerful signifiers of success and failure" (Sutton & Gill, 2010, p. 7). This relationship to social goods associates literacy with power.

The relationship between literacy and discourse draws attention to other dimensions of literacy that the traditional view does not recognise. The New Literacy Studies recognises the multidimensional aspects of literacy that emanate from it being embedded in cognitive, social, economic, political, cultural, moral, institutional,

interactional and historical contexts (Gee, 2008; Kelder, 1996). These dimensions foreground the context dependant nature of literacy.

The political dimension of literacy is particularly important for this study, because it illuminates power relations. Literacy is always connected to power, ideology and expected identity roles and these determine what counts as literacy in a particular context (Gee, 2008). Similarly to language, literacy is a tool that can be used to include or exclude and oppress or privilege certain social groups. This is important for this study given that the participants belong to social groups that do not regulate or produce the occupational therapy discourse; therefore attaining fluency in literacies in this discourse could be challenging due to unfamiliarity with the literacy requirements of the discourse. The activities and practices associated with literacies in the occupational therapy discourse are of particular interest.

The New Literacy Studies approach has played a significant role in introducing an alternative perspective to conceptualising literacy. This approach proposes a view of literacy as social practice (Gee, 1990). The academic literacies approach (Lea & Street, 1998) emerged from theories from the New Literacy Studies, as a field of inquiry that focuses on the study of literacies in higher education (Lillis & Scott, 2007; Sutton & Gill, 2010). The approach challenges the autonomous model of literacy and introduces an alternative to framing literacy that disputes the deficit view of non-traditional students (Lea & Street, 2006) and extends thinking about literacy beyond the confines of skills in reading and writing. This approach theorises about reading and writing in higher education by integrating study skills approaches and academic socialisation (Lea & Street, 1998). Hence, academic literacies is regarded as the intersection of theory building and application about academic communication and writing (Lillis & Scott, 2007). In this study, I drew on academic literacies as a conceptual and analytical tool (coupled with the theory of discourse (Gee, 1990) to explore learning in practice education as a process that also involves writing and other academic communication.

The crux of this research is negotiating access to a particular occupational therapy discourse. In the learning context, this process of negotiation entails acquiring and using literacies to participate in and gain access to the discourse as indicated in the

definition of discourse adopted in this study. “Academic literacy practices such as reading and writing within disciplines are processes through which students learn new subjects and develop their knowledge of new areas of study” (Lea & Street, 1998, p. 158). The notion of literacy practices guided the process of identifying occupational therapy literacy practices required in practice education for students to partake in the discourse, through analysing literacy events.

Practice education requires knowledge and performance beyond the subject matter. Students are required to draw from other literacies to negotiate access to the discourse. The academic literacies approach takes into consideration literacy practices that are not directly related to the subject matter or discipline (Lea & Street, 2006), therefore introducing the concept of the hidden curriculum. This concept will be discussed further in section 2.3 below. This also draws attention to the fact that students could enter higher education with other literacies that are not related to school based discourses. These literacies could advantage or disadvantage students in the process negotiating higher education.

The academic literacies approach also broadens the focus to curriculum and pedagogy, which the New Literacy Studies approach fails to engage with. Academic literacies perspective “is concerned with meaning making, identity, power and authority and it foregrounds the institutional nature of what counts as knowledge in a particular academic context” (Lea & Street, 2006, p. 369). With this perspective I was able to draw attention to and describe the complexity of requirements in practice education. For instance, developing professional competencies include the expectation for students to assess learning situations and be able to deploy relevant literacy practices to meet learning expectations for different settings. Switching between literacy practices and genres is recognised in the academic literacies approach and is an expectation for occupational therapy students in practice education.

In addition, the approach broadens understanding of learning processes in the context of practice education. This is because the relationship between learning processes and literacy and how the processes are influenced by identity and relations with institutions is foregrounded in the academic literacies approach (Lea & Street, 2006).

Adopting this approach enabled me to challenge the curriculum and pedagogic approaches in practice education and explore their contribution to underperformance among African language speakers.

However, there are limitations in the majority of studies guided by the academic literacies approach. There has been a tendency for research to focus narrowly on student writing, neglecting other academic communication practices (Lillis & Scott, 2007). Perhaps this is because writing "remains the main form of assessment in university education today and if there is a problem with student writing then the student is likely to fail" (Lillis & Scott, 2007, p. 9). In practice education, writing is important, but speech and performance are equally valuable, and are therefore also the subject of my study. The current research foregrounds the social practice aspect of literacies, which establishes a link between language use, enacting a particular identity and negotiating power relations.

2.1.3 Identity

As indicated in section 2.2.1, there is a relationship between discourse and identity in that discourse creates subject positions (Davies & Harre, 1990; Gee, 2008). In this section I elaborate on the concept of identity. I draw on theorists such as Norton (1995, 2000, 2001, 2013) and Weedon (1997) to deepen understanding of how identity and learning influence each other and the relationship with language and power. Weedon (1997) theorizes identity in such a way that enables understanding of what constitutes identity and its characteristics, which are drawn from the poststructuralist conceptualisation. This understanding of identity also highlights the relationship between identity and power which draws attention to the concept of agency. The notion of agency enabled me to focus on how the participants used resources available to them and this relates to Norton's constructs of investment and imagined community (Norton, 1995, 2000, 2001, 2013). These will be elaborated on in this section.

Defining identity has proved to be a complex process, even from the poststructuralist perspective there are various definitions (see Menard-Warwick, 2005) and terms for identity. For instance, Ige (2010) states that identity encompasses "the various ways

in which people understand themselves in relation to others, and includes the ways in which they view their past and future, and how they want to be viewed and understood" (p. 3047). This definition foregrounds the social construction of identity. It also speaks to the multiplicity and fluidity of identity by referring to *ways of understanding.* This definition resonates with the feminist poststructuralist conceptualisation of identity referred to as subjectivity (Mama, 1995). Subjectivity refers to the "unconscious and conscious thoughts and emotions of the individual, her sense of self and her way of understanding her relation to the world" (Weedon, 1987, p. 32). This conceptualisation highlights the cognitive and affective components of identity. Norton (2000) adds that identity is "how a person understands his or her relationship to the world, how that relationship is constructed across time and space, and how the person understands possibilities for the future" (p. 5). Time and space are important elements of identity.

In essence, the definitions above highlight the following characteristics of identity: identity is relational, requires cognitive processing, is multiple, fluid and context dependant. Other characteristics include being discursive, therefore ideological and historical. Mama (1995) foregrounds the multiplicity and discursive nature of identity by suggesting that subjectivity can be "understood as positions in discourse, therefore enabling conceptualisation of the person as historically changing over time and context (p. 99)." This understanding draws attention to the ideological and transitional or dynamic characteristics of identity. These characteristics indicate that identity/subjectivity could be a site of struggle (Weedon, 1987). This is possible as identity is "socially constructed in inequitable power relations that are changing over space and time and possibly coexist in contradictory ways in an individual" (Norton, 1995, p. 12). This conceptualisation of identity brings attention to the fact that struggles with positioning can stem from within the person.

Enacting identity is therefore a negotiated process, because identity is "always constituted within, not outside, representation (Hall, 1990, p. 222). The outlined definitions foreground characteristics of identity that align with Gee's (1990) framing of identity as "being recognized as a certain *kind of person*, in a given time and place. In this sense people have multiple identities connected to their performance in society" (Gee, 2000, p. 99). Enactment and construction of identity is governed by discourse and is context dependant.

Individuals as members of discourses are assigned particular subject positions. These assigned identities are controlled through mechanisms of discipline that ensure that the individual adheres to the rules of the assigned role (Mozere, 2006). Within the learning environment, assessments, codes of conduct and protocols could be identified as mechanisms of discipline that ensure that students adhere to the assigned student identity. The challenge is that the rules and ways of showing adherence may not be explicitly presented or communicated to students, thereby taking for granted that students can decode the rules. This could result in misinterpretation of rules and therefore failure to be recognised as enacting the particular identity by some students.

Enacting a subject position is a process that involves recruitment and use of resources that are deemed valuable by the particular discourse that governs the subject position. Among available discourse-related resources, language is the most important and influential. Language shapes identity and the individual uses language to position self and voice own choices (Ige, 2010). As indicated above, this process takes place within the boundaries of the discourse. Occupational therapy students are expected to use the language of the profession in particular ways to be recognised, while developing a new identity: the professional identity. The success of this process of transformation depends on whether “the individuals [students] have access to the material, linguistic, social and cultural resources that are valued by the dominant discourses” (Bangeni & Kapp, 2005, p. 4). The ability to reconstruct the self in a way that warrants recognition as an occupational therapy student-practitioner, grants access to social goods: the grades. These grades are used as markers of whether one has mastered the reconstruction process or not. It is evident that there is a relationship between identity, language, learning and power, particularly in higher education where learning closely aligns with becoming a member of a specific profession.

Inability to reconstruct a new self as expected may indicate a shift from the assigned identity into one that is deemed comfortable at the time. This suggests that fluidity of identity could also signal agency on the part of the individual. Gee (1990) argues that all reality and human action is constituted by discourse, therefore individuals cannot exist outside of discourse; they are either “an insider, outsider or are colonised by the

discourse" (p. 155). This view suggests that identity is over- determined by discourse, thereby contradicting the conceptualisation of identity as fluid, "a 'production' that is never complete, always in process" (Hall, 1990, p. 222).The poststructuralist perspective is generally less over-determining and ascribes the possibility of agency to the subject and considers the way structure may impact on the subject's ability to exercise agency (Bangeni, 2012). Mozere (2006) adds that assigning identities and the expectation to abide by the rules does not rule out the possibility of agency, but recognises agency within constrained disciplinary mechanisms. This suggests that power can be negotiated, an idea that is widely accepted by poststructuralists. However, poststructuralists have been critiqued for not adequately theorising about agency. For instance, Clegg (2006) states that "poststructuralism as an ontology and epistemology is incapable of providing tools for theorisation of personal and collective agency and selfhood" (p. 310).

Power relations are evident in pedagogic practices and these relations can impact on both identity development and learning. For instance, ways of teaching and socialization into new identities can subdue or negate other identities that students may value and this leads to resistance instead of learning (Menard-Warwick, 2005). The possible danger of not interrogating pedagogic practices is that they tend to perpetuate the production of a particular kind of student, which then could result in exclusion of other students who do not fit the normalized type and lead to labelling of the student as lacking. In this research I was interested in how power is appropriated and re-appropriated during interactions in the practice learning context. My interest was underpinned by the understanding that identity is negotiated in context and this process is influenced by power relations. Negotiating identity or positioning can therefore be conceptualised as negotiating power relations, which then draws attention to the concept of agency.

Agency as a concept was useful for understanding how and why the participants succeeded or not in the process of negotiating access to the practice education discourse. This concept, coupled with Norton's (1995) notion of investment strengthened analysis of the learning process. Agency is defined as "the capacity to recognize discursive constitution of self and to resist, subvert and change the discourses themselves through which one is being constituted" (Davies, 2000, p. 67).

In this case, agency requires reflection that results in awareness of one's own identity and positioning within a discourse. This definition foregrounds some strategies through which agency is exercised; i.e. through resistance, subversion and change.

Exercising agency in an interaction is a multi-layered process. According to Davies' (2000) definition of agency there is a need for awareness of self as a member of a discourse. As individuals we are members of multiple discourses that offer varying 'ways of being, doing and valuing' (Gee, 1990). The individual then has to make a choice of which discourse to enact in the particular situation. This is bearing in mind that "we draw on these discourses both consciously and unconsciously, and in differing ways either take up or reject the positions offered under specific conditions of possibility" (Walker, 2001, p. 79). These processes require understanding of how power relations work within particular discourses as well as the social goods at hand as these also influence the choices made.

Identity development and transformation of discourse do not take place automatically following a choice of either rejecting or taking up a subject position. It is often assumed that students will conform to the assigned subject positions with minimal resistance, but sometimes they exercise agency and resist these positions. Sewell (1992) defines agency as "an ability to coordinate one's actions with others and against others, to form collective projects, to persuade, to coerce, and to monitor the simultaneous effects of one's own and others' activities" (p. 21). This suggests a process of negotiation both with self and other subjects as well as being able to identify and use available resources (whose access is often controlled) to transform the very discourse that shapes one's identity. A definition of agency that captures the process and elements of agency outlined above is:

> Human agency is the realized capacity of people to act upon their world and not only to know about or give personal or intersubjective significance to it. That capacity is the power of people to act purposively and reflectively, in more or less complex interrelationships with one another, to reiterate and remake the world in which they live, in circumstances where they may consider different courses of action possible and desirable, though not necessarily from the same point of view. People do not act only as agents. They also have the capacity to act as 'instruments' of other agents, and to be 'patients,' to be the recipients of the acts of others (Inden, 1990, p. 23).

This definition highlights that “agency exercised by persons is collective in both its sources and its mode of exercise” (Sewell, 1992, p. 21). It was through identifying the learning processes that participants employed in the navigation process that I gained insight into how African language speakers use language and other resources in different and innovative ways to express power during interactions, thereby demonstrating their agency.

The notion of Investment

The understanding of agency unpacked above highlights the relationship between identity and power. For instance, some identity or subject positions offer opportunities for participation and exercising agency, whereas others constrain interaction and agency (Norton & Toohey, 2011). In this study, agency was useful in conceptualising and explaining what and how participants used resources available to them during interactions as they assumed particular positions. This highlights the relationship between resources and identity, which is captured by Norton’s constructs of investment and imagined community (Norton, 1995, 2000, 2001, 2013).

Investment is a notion that merges concepts of identity and agency (Norton, 2013), highlighting the relationship and influence of power, language and identity in the learning process. Although Norton (1995) coined this term in relation to language learning, it is a useful construct that extends beyond language as a target subject. Norton (1995) posits that if learners invest in learning a second language, they do so with the expectation of gaining access to symbolic and material resources that will potentially increase the value of their “cultural capital” (Bourdieu, 1977). In the case of occupational therapy, this translates as students investing in learning occupational therapy in all its facets, because they hope to become occupational therapists, thereby gaining access to resources associated with being an occupational therapist. There is resonance between resources associated with the notion of investment (Norton, 1995) and what Gee (1990) refers to as social goods. Symbolic resources refer to “resources such as language, education and friendship, and material resources refer to capital goods, real estate and money” (Norton, 1995, p. 17). I therefore understand investment in learning as based on perceived social goods to which proficiency in the discourse will grant access.

The fundamental assumption of the notion of investment is that a learner's desire and commitment to learn are related to their changing identity (Norton, 2001). This relationship can be framed in terms of the perception of learning as a process of developing a particular identity related to what is being learned (Gee, 2004). Therefore investment in the target subject is also an investment in developing an identity aligned with knowledge of the target subject. In occupational therapy, students' motivation, desire and commitment to learn are related to becoming an occupational therapist.

The relationship between investment and identity can also be explained with reference to the notion of 'social goods' (Gee, 1990), in that access to social goods can result in or is an outcome of a shift in identity, particularly with reference to learning. Investment "signals the socially and historically constructed relationship of learners to the target language and their ambivalent desire to speak, read and write the target language" (Norton, 2013, p. 86). In this study, investment speaks to the socio-historically constructed relationship of the occupational therapy students to occupational therapy and their indecisive desire to read, write, enact occupational therapy knowledge and speak the language of the profession in the practice context. Students are not only committed to learning occupational therapy, but the practices of the profession as well, which sometimes contradicts their imagination of what the profession entails.

The concept of the imagined community

The discussion on the relationship between investment and identity above shows that learning is influenced by perceived or imagined future possibilities and access to resources that result from that learning. This understanding provides a basis for the concept of "imagined community" that was introduced by Anderson (1991) and was expanded on in relation to learning by Norton (Norton, 2001). She states that "imagined communities refer to groups of people, not immediately tangible and accessible, with whom we connect through the power of the imagination" (Norton, 2013, p. 8). These imagined communities can also be understood as those "communities of practice" that students are seeking access or membership to (Cervatiuc, 2009, p. 257).

It has been established that investing in an imagined community results in attainment of educational outcomes (Norton & Toohey, 2011). During learning, students cumulatively attain learning outcomes that eventually warrant membership to the profession. In this process, their identity shifts more and more towards being recognised as affiliated to the profession. During this process, they have not yet gained full access and integration into their imagined community, but they have begun acquiring symbolic membership, and successful acquisition of some symbolic membership enhances learning (Cervatiuc, 2009). For instance, being recognised as an occupational therapy student indicates some acquisition of symbolic membership.

However, for various reasons, some students are unable to gain this symbolic membership, therefore failing to be recognised as associated with the profession. One of the factors that influences access to this membership is environmental influences. For instance, the classroom environment has to stimulate learners to participate in learning, but when there is a tension or contradiction between this environment and investment in the imagined community, participation is less likely (Norton, 2001). This could be understood as resistance on the part of the students. This notion of imagined community captures the relationship between identity, investment and learning, and perhaps power and agency.

2.2. Curriculum as context

To gain an understanding of reading and writing in occupational therapy practice education, there is a need to explore the context within which reading and writing take place, which is within the boundaries of curriculum. This bounded system is value-laden. Its construction is informed by values and beliefs about what students should know and how it can be known (Prideaux, 2003). There is more than one type of curriculum at work within any one discipline (Hafferty, 1998; Jackson, 1968; Margolis et al., 2001; O'Donnell, 2014) or profession. Occupational therapy as a profession is lagging behind in exploring curriculum types; hence this discussion on curriculum will draw from other related fields.

There are different views on what constitutes the different types of curriculum and these can be broadly categorised as formal, informal and hidden curriculum. Different

conceptualisations of curriculum have led to development of a variety of constructs for curriculum types. For instance, the formal curriculum has been referred to as the intended curriculum, the written curriculum and the planned curriculum, to name but a few, and this is the curriculum that expresses the course objectives, syllabi and expected outcomes and competencies (O'Donnell, 2014). These details are often captured in course booklets, Faculty handbooks and other institutional documents to which students have access.

The informal curriculum, also known as the experiential curriculum, the experienced curriculum, the latent curriculum, and the peripheral curriculum focuses on learning that occurs outside formal classroom settings, where interpersonal relations are of importance (O'Donnell, 2014). This informal or experienced curriculum is also termed the received curriculum and is understood as reflected in students' experiences (Wachtler & Troein, 2003). The informal curriculum can take place among students themselves or between students and educators; role modelling often takes place within this curriculum space (O'Donnell, 2014). Although the informal curriculum does not receive much attention from researchers, it plays an important role in enabling students to engage with the formal curriculum (Ozolins, Hall & Peterson, 2008). Through this informal curriculum, students can gain clarity on the subject or be misled.

There is another type of curriculum that could be perceived as the means through which students gain access to the formal curriculum. This curriculum unfolds in the formal teaching spaces like the formal curriculum; the taught curriculum. As the name denotes, this curriculum represents the teacher's intentions (Wachtler & Troein, 2003) as content is delivered. This taught curriculum enables focus on pedagogy and the educator's interpretation of what is planned. Due to difference in interpretation and the educator's interest, there is sometimes a disjuncture between this curriculum and what was planned by curriculum developers. In the context of practice education, exploring this space could be useful in providing insights into some of the issues that students encounter, particularly when the structure is such that students are taught by a clinician and a supervisor in the same practice learning site.

In addition to the formal, informal and taught curricula, there is another; the hidden curriculum. The hidden curriculum is a term that was coined by Jackson in the 1960s

and it refers to the values, behaviours and social expectations of the school system that were not directly related to the educational outcomes, but were important for success (Margolis et al., 2001). This curriculum is usually unarticulated or clearly assessed (Wachtler & Troein, 2003). The hidden curriculum is not taught, even though it is rewarded. This indicates that mastery of discourse in higher education also depends on being able to navigate the hidden curriculum.

Given its nature, the hidden curriculum is complex and elusive. O'Donnell (2014) remarked, "the most important thing to remember about the hidden curriculum is that it is hidden (p. 13)." This nature perhaps contributes to the vastness of aspects that could be identified as part of the hidden curriculum. Hence, the hidden curriculum is referred to as a broad category that includes all unintended, unacknowledged and often unrecognized knowledge, values and beliefs that form part of the learning process (Horn, 2003). This curriculum operates at a systemic level; it regulates and shapes how students engage in the learning environment and its main drivers are power and privilege (O'Donnell, 2014). This foregrounds the value-laden nature of the hidden curriculum.

The hidden curriculum is rewarded, because the taken-for-granted expectations that enable fulfilment of the formal curriculum expectations are located in the hidden curriculum. Based on research conducted in on the medical curriculum, Hafferty and Franks (1994) established that within the hidden curriculum, students learn about preferred behaviours, the knowledge base and values that guide categorisation as a good or bad doctor. This curriculum could be conceptualised as the discourse of the discipline or the profession. Rationale for this proposition is that the "preferred ways of doing, being, believing, behaving and valuing" that are shared (Gee, 1990, p. 143) by members of the discipline or profession are located in the hidden curriculum. As the discourse of the discipline or profession, the hidden curriculum can empower some groups of students while marginalising others. This curriculum can therefore be the source of inequalities that could result in unequal attainment of educational outcomes among student groups.

The main aim of the hidden curriculum is socialization into the ways of a particular group. These value-laden ways of a group are embedded in the curriculum, content,

structure and routines, relationships (Margolis, et al., 2001) and artefacts in the learning environment (O'Donnell, 2014). In the process of socialization, knowledge, values and ways in which a group functions are transmitted to students through social interactions (Konieczka, 2013). By exploring social interactions, insights can be gained about the hidden curriculum, especially taken-for-granted truths. Hewitson (1982) proposes that acquisition of knowledge in the hidden curriculum is a consequence of exposure over time and students gain this knowledge through inference, and eventually come to consider the learnings as reality. This reiterates the view that the hidden curriculum is not explicitly taught or articulated.

One of the shared goals between practice education and the hidden curriculum is socialization of students into the profession. The hidden curriculum is prevalent and considered important in professional education as the process of enculturing students into the profession (Lempp & Seale, 2004). This suggests that a major component of practice education curriculum is situated in the hidden curriculum. Practice education is considered essential to becoming an occupational therapist as it is through practice education that students develop the occupational therapy identity, learn skills (Delany & Bragge, 2009) and gain practice knowledge about the profession. Essentially, professional education is the process through which students are introduced to and prepared for assuming a new role (Sabari, 1985) as members of a profession.

The notion of the hidden curriculum is therefore a useful lens to understand and examine practice education. Elements of the hidden curriculum are drawn on for categorisation of a person as a good or bad occupational therapy student, supervisor or clinician. Some of the most significant challenges faced by students from under represented social groups could stem from elements of the hidden curriculum itself, as a result of the difference in values and belief systems or from the process of socialization. However, it is important to note that perception of the hidden curriculum as good or bad depends largely on the observer's own point of view, some of which stems from the learning that the observer acquired through the hidden curriculum (Print, 1993). It is therefore, a crucial exercise to explore student experiences so as to establish what constitutes the hidden curriculum in occupational therapy and how students navigate this curriculum, an area of research that is lacking in occupational therapy literature.

Some elements of the curriculum such as content, pedagogy, learning strategies, assessment and evaluation processes (Prideaux, 2003) are influenced by the hidden curriculum. Alignment between elements of the curriculum is often a contentious issue, as well as between curriculum types. For example, Hafferty and Franks (1994) identified the hidden curriculum as accounting for most of the challenges experienced by students in medicine; such as issues of being ethical, and they drew attention to the lack of congruence between this hidden curriculum and the intended curriculum. Although it is impossible to attain absolute alignment between curricula types and curriculum elements, it is important to develop a functional curriculum by addressing some inconsistencies (Wachtler & Troein, 2003). This balance is crucial as some issues with attaining educational outcomes perhaps originate from the misalignment in curriculum.

2.3. Student learning in higher education

Extensive research has been conducted on student learning in higher education. Key aspects that accounted for this research are "quality of student learning and associated learning outcomes" (Case & Marshall, 2008, p. 200). Different approaches, underpinned by different perspectives to learning have been adopted in student learning research. To highlight the extent of research conducted, a survey of articles on research into student learning was carried out in three key non-North American higher education journals (Haggis, 2009). This survey reported the following categories of research: research that focused on how students learn, research on curriculum design, research on student experiences that foregrounded the influence of context, critical perspectives research which includes research on discourse and writing (see Haggis, 2009 for a detailed account of the growth and shifts in research focus over the years). In particular, the sociocultural perspective of learning has been used widely to analyse and explain student experiences in higher education. An important contribution of research of this perspective is that it foregrounds contextual influences on learning and provides a lens through which to conceptualise how students use resources available to them to support learning. Hence identity and agency are some of the important concepts in this study.

Across the different categories of student learning research indicated by Haggis (2009) above, there are some studies that are worth mentioning due to their usefulness for this study. For example, a longitudinal study was conducted that aimed to track changes in occupational therapy students' approaches to learning over a three year period (Chapman, Watson & Adams, 2006). The findings of their study highlight that, as expected approaches to learning do change over time and they suggest that "contextualising information and demonstrating links to clinical practice would be beneficial to development of student understanding" (Chapman, Watson & Adam, 2006, p. 462). The finding points to the relevance of content to context, as well as the need to model how to make links between theory and practice, which is often not the case. Often students are expected to make the links independently, which could result in misinterpretation of content and thereby negatively impact application of knowledge in practice.

As indicated in section 2.3 above, alignment is key to facilitating attainment of educational outcomes. It is crucial for curriculum design and content to align with the expectations for students; so if deep learning is desired, then the curriculum and content should be organised such that they encourage development of this type of learning (Chapman, Watson & Adam, 2006). Research often focuses on either curriculum or learning approaches, but not on how they influence each other. Another contribution of their study was that although the study focused on approaches to learning, the conclusions drawn touch on aspects of student learning other than their cognitive processing abilities. This highlights that success in learning is not solely determined by the student's cognitive ability. Research that can shed light on different influences on learning and success is likely to be more useful that research that focuses on narrow explanations of learning or performance.

In a study involving engineering students, it was established that although they adopted the deep approach to learning, this did not translate into successful attainment of educational outcomes; 25% of the class failed and less than a third achieved a 60% mark (Case & Marshall, 2008). A different perspective was needed in order to make sense of the findings and a sociocultural perspective to learning was employed (Case & Marshall, 2008). I used the sociocultural perspective to learning in this study, as factors that influenced how the participants learned were not confined to

their cognitive abilities. In addition, the nature of occupational therapy practice education is such that the process of learning also entails developing an occupational therapist identity. Hence, my understanding of learning aligns with the view of learning expressed in section 2.2.3.

For instance, in a study whose participants were first year medical students from previously disadvantaged backgrounds at a relatively elite university in South Africa, it was established that students were generally feeling overwhelmed and alienated within the learning context (Badenhorst & Kapp, 2013). This finding resonates with a finding in research conducted in the UK, where it was established that students that are not from middle class backgrounds are alienated before they enter the higher education context through print material (Read, Archer & Leathwood, 2003) among others. Although there are African language speakers from middle class backgrounds, they are likely to also feel alienated in occupational therapy as the norm is 'white middle class' (Ramugondo, 2000); therefore they are still perceived and constructed as the 'other'. Some of these feelings of alienation are expressed by the participants as presented in Chapter 4.

In their study, Badenhorst and Kapp (2013) observed that their participants experienced alienation, because they entered higher education with a 'cultural capital' (Bourdieu, 1991, p. 230) that was not valued or preferred by the institution (Badenhorst & Kapp, 2013). Without the relevant capital, students are not adequately equipped to decode expectations (Walker, 2006). Often what is required of the students is not explicitly stated by academics (Badenhorst & Kapp, 2013; Haggis, 2003), therefore students are tasked with independently decoding instructions. Studying the decoding process can highlight how students use resources or not, as was the case in the study by Badenhorst and Kapp (2013). This study unpacks among others how African language speakers engage in this process.

A growing body of research on identity and agency has begun to highlight aspects that lead to learning success. Literature on student engagement is becoming increasingly assertive about this engagement as a predictor of academic success (Kuh, 2009; Schreiber & Yu, 2016; Strydom & Mentz, 2010). Student engagement is defined as "the time and effort students devote to activities that are empirically linked to desired

outcomes of college and what institutions do to induce students to participate in these activities" (Kuh, 2009, p. 683). This definition highlights that for engagement to take place, both the student and the institution have to work hand in hand towards achieving set outcomes. More succinctly, Strydom and Mentz (2010) define student engagement as the intersection of "what students do and what institutions do" (p. 3) to support the academic project. The influence of elements of prior learning, curriculum, pedagogy, relationships and the physical and institutional contexts are unpacked. This foregrounds learning as relational; as the relationship that ensues between the student and the institution in the process of enrolment.

Student engagement framework on the other hand broadens the scope by focusing on an intersection of the different aspects and seeks to explain success more than to explain poor graduation. This framework foregrounds aspects of success, persistence and retention (Schreiber & Yu, 2016). In this study, I recruited participants that had been progressing relatively well since enrolment, which could signal persistence and success. The rationale was to learn from their success; to explore some of the strategies that they employ in the learning process when striving for success. Elements of the institutional and practice environment that enabled or hindered success became evident as will be discussed in Chapter 4. Practice education is a context that is impacted on by an intersection of a multitude of variables as indicated in section 1.1.2.

2.4. Student experiences of practice learning

As indicated in the Introduction, there is limited empirical evidence on students' experiences of practice learning. Both teaching and learning in practice education are not extensively researched, despite this aspect of the curriculum being of prime importance to training of future occupational therapists. Within the limited evidence that exists, a range of factors have been highlighted as influencing both teaching and learning in the practice learning context. Some of these factors that will be discussed further in this section include teaching in the practice context, forming relationships, learning to use theory in practice and contextual challenges that shape the experience of practice learning.

The experience of practice learning plays a significant role in how students perceive themselves as ready to practice independently or not. In a study exploring the perceptions of final year occupational therapy students' preparedness to practice, the authors (Naidoo, Van Wyk & Joubert, 2014) established that students felt that they were adequately prepared for practice and their confidence in their abilities was dependent on whether they enjoyed fieldwork or not. In addition to perceived preparedness, the fieldwork experience has also been found to influence choice of future occupational therapy practice area. For example, McAuliffe & Barnett (2009) established that fieldwork experience and the relationship between the supervisor and the student during fieldwork were factors that influenced students' choices for future employment.

Using theory in practice

Students develop professional competencies under the guidance of a supervisor and clinician. Using theory is a professional competency that is important for practice. A reasonable grasp of the occupational therapy theory is one of the requirements for developing clinical reasoning (Buchanan, Moore & Van Niekerk, 1998), which is a professional competency. Sometimes students in their final year of study still encounter challenges in applying clinical reasoning, for various reasons, such as not fully understanding the client's context (Naidoo & Van Wyk, 2016). Practice within a diverse context such as South Africa can be challenging for students and novice therapists as they may lack knowledge of some of their service users' backgrounds. Having this knowledge ensures that intervention is tailored to meet the needs of the service user in a way that will enable to him/her to function as an occupational being in their home context. Understanding of the context influences selection and application of theories in practice.

Limitations in using theory in practice hinder optimal performance and the ability to gain in-depth understanding of the theory itself. Students often face the challenge of using theory in practice. For instance, in a study among final year students, the researchers recognised that some students were unable to use theory to guide intervention plans, particularly in selecting appropriate principles or using models of practice accordingly (Naidoo, Van Wyk & Joubert, 2014). Some students expressed lack of confidence in abilities such as clinical reasoning, integrating theory into practice

and applying practice skills (Van Rensburg, 2006). With reference to skill set, students were ambivalent about their competence to practice in various occupational therapy areas. This was dependent upon whether they enjoyed the practice area or not and whether they felt there was sufficient time and exposure to these practice areas (Naidoo, Van Wyk & Joubert, 2014). Time is an important factor for developing skills, as it is through practice overtime that one improves skills.

Although students lacked confidence in their own knowledge and understanding of theory, there are other challenges that they encounter that could limit their ability to use theory in practice. Firstly, the practitioners approach to using a particular theory could differ from how the student was taught and secondly, there is often a disjuncture between theory and practice (Vermaak & Nel, 2016). This could suggest that, what students are taught is sometimes different from how issues present in the practice context. “Some difficulties originate in a basic misunderstanding of the nature of practice itself and the knowledge, skills and performance ‘know how’ that makes professional practice” (Edmond, 2001, p. 252). This study aims to explore how African language speakers acquire and use occupational therapy knowledge and skills.

Teaching in practice learning

Teaching in practice learning is an important topic for practice education as it speaks to how the curriculum is delivered. Student-supervisor relationships, teaching methods, student learning approaches and the curriculum itself can impact on achievement of learning outcomes.

Relationships are important for learning. One aspect that students are assessed on in practice learning is the relationships they form with service users, the supervisors, clinicians and others in the setting (Division of occupational therapy, 2012). Sometimes the nature of the relationship that develops between two parties depends on their perceptions of each other. For instance, in a study that explored practice educators’ perceptions of ‘Generation Y’ students, they were perceived as overconfident and not receptive to feedback, lacking clinical reasoning and not attentive to process and detail, demonstrating poor professional behaviour and attitude, lacking in professional communication (Hills, Ryan, Smith & Warren-Forward, 2012). These perceptions stem from experiences in the practice situation and could

deter clinicians from offering to partake in the education of future occupational therapists.

Although students could be perceived as not exhibiting professional behaviour with regards to communication, there is a possibility that they might not have known how to communicate in a manner perceived as appropriate in that context. In a study exploring ethical dilemmas in fieldwork, it was established that students experienced contradictions between classroom teaching of ethics and what they observed in practice (Nortje & de Jongh, 2015). This observation highlights the gap between practice and theory. In another study, supervisors noted that in practice, students showed high levels of ethical awareness, but curriculum, teaching methods and relationships were cited as issues of concern (Naidoo, Van Wyk & Joubert, 2014).

Among others, lack of uniformity in the expectations of fieldwork educators as well as the experience of assessment as disabling were identified as difficulties encountered by students during fieldwork (Bonello, 2001). Similarly, in a study in South Africa, students named the supervisors' inability to highlight or demonstrate the process of clinical reasoning and inconsistencies in assessment of students' competencies as tensions (Naidoo, Van Wyk & Joubert, 2014). Inconsistences in assessment are more likely in practice learning due to the high degree of subjectivity that informs the assessment process. Students struggled with how to handle situations where they disagreed with a qualified occupational therapists about the best course of action for a particular patient and they felt they could not question a qualified therapist or report issues to a senior occupational therapist (Norte & de Jongh, 2015).

Another tension experienced with regards to expectations was that supervisors preferred students who worked independently (Naidoo, Van Wyk & Joubert, 2014), whereas students expected clear guidelines on expectations (Naidoo & Van Wyk 2016). Students also valued supervisors who could demonstrate treatment and model professional behaviour for them (Naidoo, Van Wyk & Joubert, 2014).

Contextual challenges

Limited resources in some practice learning contexts account for challenges in the learning process. Lack of resources for training, inadequate staff, heavy workloads,

insufficient continuous support for students and overcrowded placements are some of the factors that influence student learning in clinical settings (Aston & Molassiotis, 2003). These factors were also identified in the South African practice education context as indicated in section 1.3. In addition to these factors, macro influences such as implementation of policy guidelines that result in de-hospitalization and de-institutionalisation of patients that results in reduced hospital stay, therefore limiting contact between students and patients (Duncan & Alsop, 2006). These factors add to the complexity of the transition into practice and they limit development of both practice knowledge and professional competencies.

Due to the abovementioned challenges, it is becoming increasing less likely for students to experience quality fieldwork. “Quality fieldwork occurs where learning is optimal and can be individualised to the student’s learning needs” (Kirke, Layton & Sim, 2007, p. S13). Shortage of sites has been named as the main impediment (Craik & Turner, 2005). Some sites are not suitable for placement of students and in some instances, clinicians are reluctant to offer placement.

There are a number of reasons stated by clinicians for not offering placements. These include perception of student supervision as an increase to an already high workload (Erasmus & Vermeulen, 2015) and perceived limited preparedness of clinicians to provide supervision (Kirke et al., 2007). For example, in South Africa, clinicians requested support from a university to advance their preparedness to guide students in using occupational therapy practice models in the learning context (Vermaak & Nel, 2016). This example reiterates a call made by Kirke, Layton and Sim (2007) that in order to provide quality fieldwork, supervisors had to be prepared prior to students’ arrival and that universities have to create opportunities for continuing professional development among clinicians, specific to supervision of students and fieldwork education in general. Collaboration between clinicians and universities is important to support training of competent entry-level occupational therapists.

Another contextual influence that shapes the learning process and experience is the perception of the profession by others in the practice context. Eraut (1994) indicates that there are professions that are deemed prestigious, therefore are powerful professions. With this positioning comes the degree of influence that the profession

has, be it over other professions or society in general. Unfortunately, the occupational therapy profession in most health settings in South Africa carries a lower social standing as compared to professions like medicine. This may induce feelings of being less valued among occupational therapy students when in placements with medical students.

In conclusion, factors mentioned above are likely to be the root cause of challenges experienced by both students and educators in the learning context. It is evident that challenges in practice learning stem from multiple variables at play simultaneously within the practice environment; with this comes the challenge of controlling these variables (Papp, Markkanen & von Bonsdorff, 2003). This multiplicity could result in barriers of a fairly complex nature, because difficulties encountered by students may not easily be attributed to one factor or another.

Peer learning is a strategy that supervisors perceived as beneficial for learning and students highlighted the importance of feedback that facilitated growth, interactive teaching methods, time spent in supervision and curriculum alignment (Naidoo, Van Wyk, Joubert, 2014). The style adopted by the supervisor is important as it could enhance or limit the learning experience. This brings attention to an important conversation of how equipped occupational therapists in practice learning are as educators. Although this study does not explore this, the supervisors' perspective on African language speakers and challenges that they encounter in practice education are explored.

Conclusion

Conceptualising learning as negotiating access to disciplinary discourse is relatively new in occupational therapy in South Africa. Adopting this lens enabled unpacking of taken-for-granted practices within occupational therapy education that perhaps contribute to limited attainment of educational outcomes among African language speakers. Learning among African language speakers who are studying in English medium contexts has not been explored within the profession.

In order to understand student learning in this context, I adopted a methodology that enabled exploration of learning from multiple perspectives concurrently. The constructs discussed in this chapter were instrumental in informing the analysis framework (see section 3.7). This framework guided a detailed analysis of the learning process and what is expected of students in practice education. A detailed account of the methodology is presented in the next chapter.

Chapter Three: Research Methodology

In this study my aim was to describe and explain the process of navigating practice education and developing professional competencies. Practice education was both the context within which the process was situated, as well the product of what the participants were working towards achieving. I adopted a qualitative case study design to explore both the process and product of practice education as experienced by the participants while situated in practice learning sites. I used Gee's (1999) discourse analysis as the framework for data analysis.

3.1. Qualitative Research

Experiences are a qualitative phenomenon, therefore exploring experiences to gain insights into the relationship between language, power, identity and the learning process warrant a qualitative approach to research. This approach aligns with the poststructuralist perspective (Denzin & Lincoln, 2008). An example of this association could be acknowledgement of the constructed nature of reality that is a characteristic of qualitative research that is referenced in poststructuralism, but is rejected by quantitative research. Other characteristics that supported selection of qualitative research methodology for this study are presented in the table below. These are presented alongside characteristics of quantitative research that deemed it an unfavourable approach for this study.

Table 2.1 Characteristics of qualitative and quantitative research methodologies

Qualitative research	**Quantitative research**	**This study**
Emphasis on quality; meanings and processes	Emphasis on quantity, amount, frequency	The research inquiry focuses on the *how* question which foregrounds process
Foregrounds socially constructed nature of reality	Foregrounds measurement and analysis of causal relations between variables	Insights on meanings and realities constructed by participants were gained through an interpretive process

Close relationship between researcher and what is studied	Researcher maintains distance to the object of study	Information gathering included face-to-face interactions with the participants (Creswell, 2007) and analysis of their written work
Emphasis on the value-laden nature of inquiry	Research within a value-free framework	Learning is a value-laden activity and process of gaining access to discourse

(Denzin & Lincoln, 2008, p. 14).

In Chapter 2, I conceptualised learning as gaining access to discourse and mastery of the literacies of the discourse. Since this process entails negotiating a complex interplay of contextual factors that shape the process of learning, there is a need for an approach that enables exploration of these factors. I drew on the characteristics of qualitative research such as embracing multiple perspectives and realities, therefore affording me an opportunity to provide a "holistic account of the issue" (Creswell, 2007, p. 39).

Gaining insight into the influence of contextual factors required access to the issue being studied followed by a sense-making process of the information that was obtained from the participants. This aligns with qualitative research as it is "a situated activity that locates the observer in the world and researchers study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them" (Denzin & Lincoln, 2008, p. 7). In order to gain in-depth understanding of the process of navigating practice education and the influence of contextual factors on this process, I consulted multiple sources and used multiple methods of data collection. This approach granted access to context-dependant knowledge from different perspectives. A design that enabled this depth was the qualitative case study design which is well suited "for producing concrete, context-dependent knowledge that social science has to offer" (Flyvberg, 2001, p. 72; Flyvberg, 2006). The methods of data collection employed in this study were

interviews, document reviews and focus group discussions. Further information on these methods is presented in section 3.5 below.

3.2. Qualitative Case Study design

Case study is a form of empirical inquiry that has been widely used across disciplines, particularly in education and social science research. In addition to the qualities stated by Flyvberg (2001;2006) above, the inquiry is used "to investigate a contemporary phenomenon in depth within its real-life context" (Yin, 2009, p. 18), therefore "generating a multi-faceted understanding of the issue under investigation" (Crowe et al., 2011, p. 100). Given the complexity of learning as a result of contextual influences, it was ideal to adopt a design that would enable unpacking of the phenomenon of interest from multiple perspectives in order to gain a deeper understanding of the learning process.

There are two prominent approaches to case study design developed by Robert Stake (Stake, 1995, 2006 & 2008) and Robert Yin (2003 & 2009). These are among the most conceptually advanced and documented. Stake's case study approach resonates with the paradigm and methodology adopted in this study. However, useful aspects of Yin's literature on the design will be incorporated. For instance, Yin (2009) indicates that "the case study method is suitable for research that seeks to respond to "how" and "why" questions (p. 4)." The main research question for this study is framed as a "how" question: How do students who are African language speakers negotiate practice education delivered in English and develop professional competencies in a curriculum such as Occupational Therapy? The sub-questions are both "how" and "what" questions.

In response to the research questions, I aligned the process of undertaking this research with the guidelines of the design. These include identifying the case, the issue and the type of case study design (Stake, 1995 & Yin, 2009). A case is "a bounded system" (Stake, 1995, p. 2) that is specific, consists of working parts and behaves in a patterned manner; therefore when studied, it is studied as a functioning specific (Stake, 2003). This case occurs in context and it can be the unit of analysis (Miles & Huberman, 1994). The bounded case in this study is a group of third year

Occupational Therapy students who are African Language Speakers that started practice learning in 2013.

A case cannot be studied out of context and context can serve as boundaries for specifying the case. Identifying the bounds of a case is an important step in case study research because the boundaries enable conceptualisation of what is to be studied; the object of study (Stake, 2005). These boundaries "demarcate what counts as the case and what becomes the context for the case" (Flyvberg, 2011, p. 301). Contextual boundaries can be concrete, spatial and temporal in nature (Yin, 2009).

For this study, elements of temporal context were the post-apartheid period in South Africa, which enabled the participants to gain access to higher education in an institution that would have been relatively inaccessible to them in the previous era. Another temporal element was the year of study in a curriculum that was still in its infancy after a major review and the fact that they were in third year practice learning for the first time in 2013. This year is significant as it marks entry into the senior phase of the occupational therapy programme, which means students are expected to start enacting the occupational therapist identity. This requires them to demonstrate mastery of the occupational therapy practice discourse. Third year also marks a transition from learning theory to translating theory into practice.

In addition to the temporal elements, this case had concrete and spatial contextual elements. The third year occupational therapy curriculum in a relatively elite university in South Africa was the context within which the case functioned, therefore made up the concrete and spatial boundaries of the case. The practice learning sites where the third year students were expected to fulfil the curriculum were also spatial and concrete boundaries of the case. Bounding the case is the first responsibility of a qualitative case study researcher (Stake, 2005), as the boundaries of a case ensure that data collected responds to the research (Yin, 2009).

Identifying the issue is another significant step in case study research. Issues are described as "complex, situated, problematic relationships" (Stake, 2003, p. 142). The issue in this study was the process of gaining access to the practice education discourse and how a complex interplay of contextual factors shapes this learning

process as experienced by African language speaking students. This process was shaped by the social, historical and political contextual factors of the case. The case study design is useful particularly when the focus is on experiential knowledge of the case and the influence of the social, political, economic and other factors on it (Stake, 2008). Identifying the issue presents an opportunity for determining the unit of analysis, as either the case itself or the issue.

The unit of analysis guides selection of the type of case study. To identify this unit a researcher could consider what it is that is being analysed, is it an individual, a program or a process (Baxter & Jack, 2008). In this study, the unit of analysis was the issue, therefore this study was a single instrumental case study design**.** When employing this design, a particular case is studied for the sole purpose of gaining understanding of a specific issue or to redraw generalisations (Creswell, 2007; Stake, 2008). The case itself is a means to an end, therefore it "is still studied in-depth, its context scrutinized and its ordinary activities detailed, all because this enables pursuing an external interest" (Stake, 2008, p. 123). "Issues draw us toward observing, even teasing out the problems of the case, the conflictual outpourings, the complex backgrounds of human concern" (Stake, 1995, p. 17). By focusing on the issue, I was able to explore tensions and contradictions that participants experienced in the learning process, as well as strategies they employed to navigate them.

An instrumental case study design lends itself to the use of embedded cases. These cases allow for an in depth exploration of the issue and provide an opportunity for rich analysis (Baxter & Jack, 2008). Each embedded case has its own contexts that contribute largely towards understanding relations (Stake, 2006). The participants in this study were the embedded cases shedding light on the specific learning processes, their uniqueness and complexity given each case and its context, therefore enabling understanding of the issue from multiple perspectives. To optimize the use of embedded cases, sample selection was an important step.

3.3. Participants

The population from which the sample was selected was a group of African language speaking occupational therapy students that met the criteria outlined below.

3.3.1. Selection Criteria

The embedded cases were selected based on the following criteria:

- willingness to partake in the study,
- home language speaker of an African language,
- registered for third year for the first time in 2013 and enrolled for the full third year curriculum, and
- having progressed successfully from one year to the next since enrolment in the occupational therapy programme.

3.3.2. Sampling

Participants were recruited using purposive sampling and this method enabled selection of embedded cases that afforded the opportunity to gain insights about the issue of interest. Stake (1995) proposed that selecting a case should entail choosing one that will maximise learning about the issue at hand and one that is easily accessible. Among the population of five students that were all female, four participants indicated willingness to partake in the study.

3.4. Research Process

This section outlines the processes of gaining access to and recruiting participants in this study.

3.4.1. Gaining Access

I obtained ethical clearance from the Faculty of Humanities Research Ethics Committee (Appendix 2), granting approval to conduct the research. As part of the university protocol, permission to recruit students for research was sought from the Director of Student Affairs and approval was granted (Appendix 3). This step was followed by using the permissions granted to negotiate access to both the students and their records from the Head of Occupational Therapy Division. A list of third year students was then obtained from the Course Convenor and African language speakers were drawn from the list. Of the four students that gave consent, one of them dropped-out of the study, citing personal reasons.

In order to recruit practice learning supervisors and coordinator, I first obtained permission from the Director of Human Resources, as per university protocol (Appendix 4). The staff members in the occupational therapy division were then notified of the research and those that supervised third year students in practice learning were invited to partake in the study.

3.4.2. Recruitment process

Recruitment for participation in the study was mainly through email contact. After the presentation to the staff members I emailed the Practice Learning Coordinator in the last week of January 2013 inviting her to participate in the study and she responded positively. As outlined in section 3.5.2, I planned to interview her before the students. The interview date was set for the first week of February 2013.

The next step in the process of recruitment was to invite the students to partake in the study. Upon obtaining permission from the Dean of Students to recruit students as participants I sent an email to each of the students that met the criteria for participation. This was in February 2013. In the email, I requested a response within a two-week period, failing which I would assume that the students were unwilling to take part in the study. I did not receive a response from any of the potential participants within this period. I then sent a reminder email in the last week of February 2013 requesting a response within a week, but I also did not receive correspondence. A week later one of the participants indicated interest and an interview date was set. Recruitment of another three potential participants was completed in the second week of March and one participant gave consent a month later, agreeing to an interview in June 2013.

As for the Practice Education supervisors, after introducing the research to the entire staff body, I presented the research at a clinical educators' meeting in May 2013. During this presentation, questions were posed regarding logistics of data collection and also whether the supervisors or clinical educators to be involved should have supervised African language speakers in 2013. I responded to them. Following the presentation, I sent an email to all staff members that supervised third year students on practice learning. Six of the supervisors agreed to take part in focus group discussions. A date for the focus group discussion was then negotiated and set.

3.4.3. Researcher Positionality

I have been engaging with Occupational Therapy students as a lecturer, practice learning supervisor and an academic support staff member since 2009. In these positions I was directing access to social goods, such as knowledge and marks, therefore I am in a position of power as compared to the participants in this study. I became more conscious of tensions and contradictions encountered by students in practice learning. I realised that generally African Language Speakers under-performed. This category of students made up the majority of students referred to me for academic support. Given my position, I assumed that the students could feel compelled to partake in the study, hence I regularly reiterated that they were not obliged to partake in the study. As an indication that the participants were able to exercise their rights as participants, one of the participants withdrew from the study after the first interview.

My personal and professional experiences of the occupational therapy curriculum gave me an insider perspective. I reflected on the literacy activities in practice learning that I observed and experienced as challenging and I drew interview questions specifically to draw attention to these. I do not assume that other people share similar experiences.

Relationship with research setting

As a staff member, I have access to the research setting. However, I was mindful that my study would shed light on issues that relate directly to my pedagogic practices and that of my colleagues. I openly shared the research objectives with fellow educators and the participants of the focus group session. In the focus group discussion sessions I let the participants direct the conversation and only re-directed when necessary. In the recruitment email and throughout the data collection process, I assured my participants that the intention was to contribute positively to pedagogy in Occupational Therapy, rather than to highlight educators' flaws.

3.5. Data Collection

This section presents where data was collected from and how it was obtained.

3.5.1. Data sources

The students were the main focus of the research, therefore they were the primary sources of data, along with the written work that they produced in practice learning. The secondary sources were the supervisors and the Practice Learning Coordinator as well as the practice education curriculum (Appendix 5). Data sources and methods are important as they complement each other (Yin, 2009). Multiple data sources and methods enable triangulation, which is a requirement of case study research according to Stake (2008). “Triangulation refers to the observation of the research issue from (at least) two different points” (Flick, 2004, p. 178).

3.5.2. Data collection methods

Data was collected between February and November 2013. The multiple data collection methods used in this study were interviews, document reviews and focus group discussions. These methods are outlined below.

Interviews

Interviews were one of the primary methods of obtaining information, in line with Stake’s (1995) view that for case study research, interview is the main technique used to explore and uncover multiple realities. Interviews allow participants to provide first-person accounts of their experiences (Polkinghorne, 2005). The method enabled participants to provide descriptions, interpretations and reflections in their own words, therefore being in control of how they shape their narrative and what they choose to narrate.

To maintain focus on the issue under investigation, a shortlist of issue-related interview questions is prepared (Stake, 1995) and this type of interview is known as the semi-structured interview which enables the researcher to respond to emerging issues (Merriam, 1988). Another advantage of using semi-structured interview is that it enabled access to historical information that contextualised the narrative and therefore provided an opportunity to gain a better understanding of the issue. I also explored underlying influences and taken-for-granted assumptions among participants and within the profession through direct questioning and probing. All interviews conducted

in this study were semi-structured interviews (interview guides attached in Appendix 6).

The first interview was with the Practice Learning Coordinator in February 2013. I started data collection with this interview, because I wanted to obtain an overview of practice learning and how students are prepared for it. I wanted to gain insight into the role of the coordinator, the decision making processes around identification of sites for students, allocation of students to sites and supervisors and what is highlighted as important to students in preparation for practice learning. From this interview I also learned about the different role players involved in practice education, such as the practice learning coordinator, the supervisors, the clinicians on-site (including the team of professionals on-site), the tutors and the students.

Additional information about practice education was obtained from documents such as the curriculum and the practice learning guidelines for mental health and physical health domains. The interview and documents shed light on some institutional practices and structures that govern student learning in the context of practice education. Review of these documents as part of the data collection process will be discussed in the next section.

The co-ordinator's interview was followed by individual interviews with the four participants. In line with the temporal and concrete aspects of this bounded case (Yin, 2009), two audio recorded face-to-face semi-structured interviews were conducted with each participant. This gave each participant an opportunity to give an account of their process of negotiating practice education in their own words.

The first interview for three of the participants was during the first term after completion of the first block of practice learning in April 2013 and it was during the first university vacation. The participants identified this time as ideal, as they would not be under pressure with other academic obligations. I also wanted to capture this initial experience of practice learning in third year. For the fourth participant, the first interview was at the end of the second term in June 2013. The second interview for all the participants was conducted in September 2013 at the end of the third block. This interview started off with a brief member-checking session, where I provided a

summary of what emerged in the first interview and then gave the participants an opportunity to elaborate or clarify issues. I incorporated some issues that emerged during this process in the interview itself. For all the participants, this interview was longer as compared to the first interview which was on average 45 minutes to an hour. They also required less prompting as they spoke more openly, signalling a degree of trust in me. They gave detailed and in-depth accounts of their experiences, resulting in rich data. One interview focused on learning in the physical domain and the other on the mental health domain of practice forming the concrete boundaries of the case.

Document Reviews

Documents are one of the three major sources of data in qualitative studies; they provide written evidence about experiences (Polkinghorne, 2005). Documents are unobtrusive and give access to participants' language and words (Creswell, 2009). They are useful for corroborating and supplementing evidence from other sources (Yin, 2009, p. 103), therefore ensuring triangulation of data, which is a requirement for case study research (Stake, 2008). In addition, in qualitative research there are sometimes inconsistencies between what people say and do as was established during analysis. In this study, practice learning written tasks from the participants and reflective journals that they were asked to keep throughout the data collection period were used to triangulate data obtained from participants' interviews (examples of written work from practice learning attached in Appendix 7). The journal was meant to provide an opportunity for the participants to capture their thoughts and reflections on the interview questions outside of the interview.

I requested practice learning assessment documents that had been returned to the participants with feedback from the supervisors. Two sets of documents were obtained; one from the physical health block and the other from the mental health block that were the focus of the interviews. Examples of these are included as appendices. These documents were the planning logs, the learner's logs and case stories as captured in the database below:

Table 3.2: Database of documents obtained from participants

Documents	**Tiyiselani**	**Lebo**	**Unathi**
Planning logs (Block 1)	6	4	8
Case story- Physical domain	1	1	0
Learner's logs (Block 1)	5	4	1
Planning logs (Block 2)	0	1	8
Case story- Mental health	0	1	0
Learner's logs (Block 2)	0	3	0

The logs and case story are texts with distinct features that serve a particular communicative purpose in occupational therapy practice education. These texts could be regarded as professional genres. Genre is defined as "a highly structured and conventionalized communicative event that serves a shared communicative purpose recognised and is understood by members of a specific professional or academic community in which the event regularly occurs" (Swales, 1990, p. 52). This definition indicates that genre is a product/artefact of discourse that has a specific "stable structural form" (Bhatia, 2004, p. 23) and its production is regulated by the discourse community (Swales, 1990).

My interest was in the students' process of learning to reproduce these genres and how the supervisors facilitated this process. The logs also shed light on how students used theory in practice, coherence between what is expected and what the students presented, the discourses and texts that students drew on to produce the genres, how reasoning changed overtime as well as the socio-political influences that impacted on the process of developing clinical reasoning and other professional competencies. I was also keen on identifying the challenges that they encountered in the process and how they overcame them. The feedback on the students' logs and forms highlighted preferred "ways of knowing, doing, being, valuing, thinking and using tools" (Gee, 1990, p. 143) that were expected of them. A summary of the function and relevance of each type of document for this study is presented below:

Table 3.3: Function and relevance of documents obtained from participants

Type of document	Function of document	Relevance to this study
1. Planning log	• A product of steps in the occupational therapy process • It captures the treatment plan • It is used to track development of professional competencies • Shows knowledge and ability to implement the occupational therapy process	Response to research questions: • Question 3 showing how students use theory in practice • Question 2 highlighting sources of tensions and contradictions • Question 1 showing process of mastering genre which is part of learning • Shows the development process
2. Learner's log	• Used to document student's reflections on the experience of practice learning on a weekly basis • Highlights student's development and learning from own perspective • Gives an opportunity to express personal challenges and feelings of fulfilment	Response to research questions • Question 1 highlighting own perception of learning • Question 2 showing tensions and contradictions experienced in practice learning • Question 3 demonstrating use of theory in practice
3. Case story	• Shows application of clinical reasoning through	Response to research questions:

	the initial steps of the OT process; identifying the problem and planning intervention • Shows student's ability to implement the OT process	• Question 3- to show how students use theory in practice • Question 2- highlighting sources of tensions and contradictions • Question 1- showing process of mastering genre which is part of learning in the context of practice education

Institutional documents were also reviewed. The institutional documents of interest in this study were the Undergraduate Faculty Handbook (University of Cape Town, 2013), the Third year Course Information and the Practice Learning Manual. The Undergraduate Faculty Handbook outlines all the undergraduate programmes offered at the Faculty of Health Science. This outline includes a description of the courses that make up each programme at each level. Courses that comprise the third year Occupational Therapy curriculum, along with the prerequisite and service courses are captured in the Faculty Handbook. Students have access to the handbook both in print and electronically.

The Third year Course Information Booklet provides a more elaborate description of all courses offered in the third year of study. Information on each third year occupational therapy course is repeated again during the introduction lectures for each course. In comparison to the content presented in the Faculty Handbook, the Course Information document presents the course outcomes, the corresponding lecture topics, the prescribed readings and the structure and modes of assessment for each topic.

The Practice Learning Manual (Division of Occupational Therapy, 2013) provides information on the practice education aspect of the occupational therapy programme. Compilation of this manual is overseen by the Practice Learning Coordinator who also assigns students to sites and supervisors. This manual outlines logistics and administrative issues; course outcomes; assessment principles and process; the codes of conduct, practice and ethics; rules, roles and responsibilities in practice learning across the four years of study. From 1st year through to 4th year, time is allocated on the timetable for students to spend time on site accumulating a total of 1000 hours over the four years. The outcomes differ according to each level.

In third year, time is allocated on the timetable for a series of introductory lectures on Practice Learning and the manual is distributed to students during those lectures. The Practice Learning Coordinator indicated in an interview that she presents and discusses contents of the manual with the students. She highlighted that she invites the physical and mental health course convenors to the Practice Learning series of lectures to provide detail on expectations, requirements, performance assessment processes and structure, and roles and responsibilities in practice learning as per the domain of practice. The Coordinator added that practice learning written requirements, such as the case story and the logs are also discussed. Review of this document enabled triangulation with the coordinator's interview data.

Focus Group discussions

To explore the process of transition from a different perspective and to corroborate information obtained from both the practice learning coordinator and institutional documents, I conducted two focus group sessions with the supervisors. A focus group discussion is an open-ended group interview or discussion focused on a specific topic (Robson, 2002). Six supervisors took part in the sessions, they were all female from various backgrounds. They predominantly spoke English and to varying degrees were proficient in Afrikaans. The majority of them had been in the role of practice learning supervisor for more than four years, with only one having assumed the role much more recently. Care has been taken to ensure that anonymity is preserved.

The first session was in June 2013 after students had completed two blocks. This was the only time that could be agreed upon as students had completed blocks, therefore

the supervisors' workload could allow spare time for a group discussion. The timing also aligned well with completion of the transcription of the first interviews with the participants, so some insights gained from those interviews that could be explored from the supervisors' perspective were included in the discussion. The second session was in October 2013, also after the participants interviews, for triangulation.

The format I followed for the first discussion was to present the research question and then invite the group for comment and to share their experiences on them. This was meant to facilitate an open discussion. The participants were forthcoming, so they directed most of the discussion and I only probed when I required depth on an issue or when redirecting the discussion. The discussion focused on the supervisors' perceptions and experiences of students' learning in practice, the challenges encountered by students, and the perceived impact of language on learning and strategies employed by supervisors to facilitate development of professional competencies. The second group discussion later in the year resumed with a brief summary of what transpired in the first session and the supervisors were invited to comment. This was followed by re-engaging with issues that were briefly introduced towards the end of the last session that required further unpacking. The discussions highlighted the complexities of learning in the context of practice education as well as "ways of valuing-being-thinking- and- doing" (Gee, 1990, p. 143) that are expected of students.

3.6. Data Management

The audio recordings from the interviews and the focus group discussions were transferred from a recording device to a password protected storage file on a computer. The file was organised into multiple folders and each recording was stored according to source in a separate folder. A pseudonym was assigned to each participant and the name was used as a label for the folder. All other electronic information that was obtained from the participants was indexed and stored in the respective participant folders. Other materials, such as hard copies of assessment forms and logs were indexed and kept under lock and key. A similar system was used for storing the hard copies.

As a qualitative researcher seeking to remain as close as possible to the data, I immersed myself in the data by personally transcribing the interviews and focus group recordings. During the process of transcription I was mindful to capture as accurately as possible the information and nuances such as pauses, silences, repetitions, expressions of emotion or feelings, stresses of certain phrases and I listened closely for changes in the tone of voice with different topics. These nuances are important when engaging in discourse analysis as they shed light on issues of importance to the participants, power relations, vulnerabilities and feelings towards certain topics.

I started transcribing while I was collecting data. This enabled member checking during the next data collection session. I was able to source additional information and clarify issues that emerged in previous sessions. In particular, following this process was useful in providing a focus for questions for the next data collection sessions, particularly the focus group discussion. Full transcriptions were sent to the participants to verify accuracy. On receiving confirmation on accuracy, the transcripts were labelled according to source as 1st or 2nd session respectively and stored alongside the recordings.

3.7. Data analysis

I used multiple methods of analysis as per the various data collection methods. Two processes of rich analysis were employed, namely (1) within-case analysis, which entailed separate analysis of data collected from each embedded case and (2) cross-case analysis where analysis across all the embedded cases took place (Baxter & Jack, 2008). In cross-case analysis comparisons of patterns that emerged in within-case analysis were drawn across the cases. The focus in cross-case analysis was on similarities and differences in patterns which then led to drawing of assertions and generalizations (Creswell, 2013). Data from the focus group discussions were used in this final stage of analysis, in order to develop assertions and to incorporate different interpretations of the issue under study. Analysis of focus group data will be outlined in section 3.7.4.

Rich analysis does not provide a guide or approach on how to conduct within-case analysis; therefore there was a need to recruit other analysis approaches. Discourse

Analysis (DA) was used for interview data, thematic analysis for the reflective journals and genre analysis for the written tasks obtained from the participants.

3.7.1. Discourse Analysis

Discourse Analysis by James Gee (1999) guided analysis, because his work provides a powerful framework for exploring the socio-cultural nature of learning. Gee (1999) proposes six building tasks that are involved every time a reality, situation or activity is constructed using language. However, language is not used in isolation, but in collaboration with "actions, interactions, nonlinguistic symbol systems, objects, tools, technologies, and distinctive ways of thinking, valuing, feeling, and believing" (Gee, 1999, p. 11). The six building tasks listed here.

1. "*Semiotic building,* that is, using cues or clues to assemble situated meanings about what semiotic (communicative) systems, systems of knowledge, and ways of knowing, are here and now relevant and activated.
2. *World building,* that is, using cues or clues to assemble situated meanings about what is here and now (taken as) "reality," what is here and now (taken as) present and absent, concrete and abstract, "real" and "unreal," probable, possible, and impossible.
3. *Activity building,* that is, using cues or clues to assemble situated meanings about what activity or activities are going on, composed of what specific actions.
4. *Socioculturally, situated identity and relationship building,* that is, using cues or clues to assemble situated meanings about what identities and relationships are relevant to the interaction, with their concomitant attitudes, values, ways of feeling, ways of knowing and believing, as well as ways of acting and interacting.
5. *Political building,* that is, using cues or clues to construct the nature and relevance of various "social goods," such as status and power, and anything else taken as a "social good" here and now (e.g. beauty, humor, verbalness, specialist knowledge, a fancy car, etc.).
6. *Connection building,* that is, using cues or clues to make assumptions about how the past and future of an interaction, verbally and non-verbally, are connected to the present moment and to each other – after all, interactions always have some degree of continuous coherence" (Gee, 1999, p. 85-86).

I used the building tasks to analyze and explain the processes that students engage in when producing and re-producing occupational therapy practice discourse. The building tasks ensured that analysis focused on "addressing questions on the relationships between language and society; obtaining thoughts and perceptions of real people within real situations" (Bladergroen et al., 2012, p. 110). Through this analysis, the role of language in social activities, identity formation and power relations became evident.

Being mindful that the participants were negotiating access to secondary discourse, I was aware that there are learning activities that they had to engage in. I refer to these activities as OT practice literacy events. I developed a framework that enabled organisation of data into the OT practice literacy events in preparation for employing the building tasks to analyse data related to the literacy events.

3.7.2. The Analytical framework

To identify the OT practice literacy events in this framework I drew on the Occupational Therapy process; a process that students have to implement in practice. There are different approaches of the OT process. For instance, Hagerdorn (1995) identified two patterns for implementing therapy, namely, the theory-driven pattern and the process-driven pattern. These patterns differ, but fundamentally they are similar in that the OT process comprises of naming the focus of intervention, framing the action, acting and evaluating the outcome. The literacy events that were drawn for this framework are outlined in the Table below.

Table 3.4: Mapping occupational therapy practice literacy events

Occupational therapy process	**Literacy events in this framework**
1. Naming the focus of intervention	1. Conducting assessments
2. Framing the action	2. Planning intervention
3. Acting	3. Implementing intervention
4. Evaluating the outcome	4. Evaluating the implementation process

The occupational therapy literacy events were identified as activities, so as to align with terminology used in the discourse analysis method adopted in this study. These activities are made up of sub-activities which are smaller tasks. Successful engagement in each activity is guided by fulfilment of requirements and actions specific to the activity or sub-activity as presented below.

1. **Conducting assessments** is an activity aimed at identifying the service user's problem and prioritising intervention. This activity is made up of three sub-activities.
    a) The first sub-activity is selecting suitable assessments from a range of assessments. This selection process requires knowledge of both the assessments and the various diagnoses that service users may present within each domain of practice.
    b) The second sub-activity is to apply the selected assessments and assessment methods. This requires both knowledge and proficiency in carrying out the assessments and methods. Skills and methods are used to obtain information pertaining to the area being assessed and sometimes specific tools are used. Observing and interviewing the service user, reading the file and sourcing collateral information from family members or other team members on site are methods often used when implementing assessments. In order to embark on the process of applying assessments and assessment methods, the student requires interpersonal and interviewing skills among other competencies to be able to engage with the service user. Time management skills are also important, because in most cases, students have a limited time with the service users. Another vital skill is the ability to capture findings and observations while applying the selected assessment.
    c) The third sub-activity is interpreting assessment findings which requires reasoning and skills in interpretation, as well as the ability to document the findings in the preferred way as a problems and assets list. Some standardised assessments require scoring, so students have to be proficient in performing this task.

Conducting assessments is a literacy event which improves with practise. Mastery enables the therapist to establish a baseline for intervention.

2. **Planning intervention** is aimed at drawing a plan for identified and prioritised problems. Students are expected to engage in the following three sub-activities.
    a) The first sub-activity is to prioritise problems for intervention, thereby making a decision regarding the focus of intervention. This entails employing clinical reasoning and working with the service user to identify priority problems, which would be the focus of intervention. An important action that concludes this sub-activity is formulation of intervention goals or aims. Another action is to select the most suitable intervention. The actions are important, because the other sub-activities to follow are to be guided by the aim or goal of intervention and the selected intervention. Drawing the goal for intervention requires synthesis of information about the person's abilities, needs and interests (obtained from the assessments), context specific knowledge about the person and the site, medical knowledge about the diagnosis and prognosis to inform the decision on the focus of intervention and the best intervention approach. The synthesised knowledge is used again in the next step where theories are drawn on to guide planning of how to implement the intervention.
    b) The second sub-activity is using context specific knowledge, occupational therapy practice models and theories to guide the intervention plan. This sub-activity requires knowledge of the practice models and other relevant theories from cognate disciplines. Some of the knowledge required in planning intervention includes clinical sciences knowledge regarding the diagnosis and disease progression, approaches to treatment of the diagnosis and handling of service users with the diagnosis, occupation-focused conceptual models and lastly, theories on human development across the life span. Three actions of this sub-activity are listed below.
        i. Selecting the most appropriate practice models and relevant theories for the situation at hand amongst a range of available ones.
        ii. Drawing principles from the selected models or theories to guide treatment is another action of the sub-activity. This is a skill that

students often struggle with as it is through practice and scaffolding that one learns to draw principles from theory. In addition to the principles that students draw from theories, students are given a set of general practice principles for physical and mental health practice.

iii. Selecting the most appropriate general practice principles for the planned intervention is the next action. This means that the student is expected to have a number of categories of principles drawn from each of the theories that were identified as relevant for guiding intervention in the particular situation. Drawing principles requires the ability to conceptualise how to use the particular theory in practice. The student has to demonstrate how the principle will be applied in this intervention to bring about change. In summary, the categories of principles that students have to include in their intervention plan are outlined below.

- Principles guided by medical knowledge (referred to as diagnosis related principles.
- Principles that guide occupational therapy intervention for a specific diagnosis (referred to as general practice principles).
- Principles related to the developmental stage of the service user.
- Principles guided by occupational therapy practice models that focus on improving performance of occupations.
- Principles that guide handling of the person, the structure of the activity to be used in intervention and the structure of the environment, these are often drawn from theories from cognate disciplines.

c) The final sub-activity is to identify an activity that will be used as a means to achieve the treatment aims or goals. The choice is guided by theory specific to the diagnosis as well as the service user's needs as outlined in the problems and assets list. In order to achieve fit between the activity selected and needs and current abilities of the service user, the student

has to conduct an activity analysis. This analysis ensures that the activity will fulfil the treatment goal,

Documenting the treatment plan using the planning log format is an important action of planning intervention as it serves as a record. This process of documenting is also used to facilitate development of clinical reasoning. The planning log is made up of sections such as a brief introduction of the service user, the aims or goals, selected activity and the rationale for choice, the principles and the precautions to take during the intervention.

3. **Implementing intervention** refers to the process putting the plan into action using the selected activity. The student uses different forms of clinical reasoning, reflection-in action (to reflect while doing the intervention) and clinical practice skills to attain the intervention goal while monitoring progress. During this process, the student is expected to behave and embody professional values, like an occupational therapist. This activity of implementing intervention requires the student to keep the planned log at the back of the mind and to remain cognisant of any critical incidents that happen during the intervention process. These incidents are subjective evaluations and observations that could range from moments when a particular theory comes to life for the student, when they use themselves as therapeutic agents of change, when a change occurs in the patient as a result of the intervention process or when there is resistance to aspects of intervention.

4. **Evaluating the process** is the final activity in which the student evaluates the implementation of intervention process. This sub-activity requires students to reflect on their own practice, to critically appraise the intervention session and note what was learnt from what happened during the session. It is also expected that students are able to articulate their evaluation verbally or in writing. Theory is used to make sense of what happened during intervention. The student is also expected to make future projections regarding the service user's recovery or rehabilitation trajectory. This is informed by observations and deductions made during intervention, prognostic indicators and feasible action within the health-care system or the service user's home context.

The following questions guided by Gee's (1999) building tasks were posed to analyse each of the literacy events.

1. **Significance:** How is this piece of language used to make certain things significant or important or not and in what ways?
2. **Activity:** What activity or activities or sub-activities or actions is this piece of language being used to enact or re-enact?
3. **Identity:** what identity or identities is this piece of language being used to enact?
4. **Relationships:** What sort of relationship or relationships is this piece of language seeking to enact with others present or not?
5. **Politics:** What perspective on social goods is this piece of language communicating? What is being communicated as to what should be taken to be "normal", "right", "good", "correct", "proper", "appropriate", "valuable", "the way things are", "the way things ought to be", "high status or low status", "like me or not like me" etc?
6. **Connections:** How does this piece of language connect or disconnect things? How does it make one thing relevant or irrelevant to another?
7. **Sign systems:** How does this piece of language privilege or dis-privilege specific sign systems (e.g. particular language, technical vs every day, words vs images) or different ways of knowing and believing or claims to knowledge and belief?

3.7.3. Analysis of documents

Genre analysis guided the analysis of the professional genres. Genre analysis is a process of

> investigating instances of conventionalised or institutionalised textual artefacts in the context of specific institutional and disciplinary practices, procedures and cultures in order to understand how members of a particular discourse communities construct, interpret and use genres to achieve their community goals and why they write them the way they do (Bhatia, 2002, p. 6).

This definition is useful, as it foregrounds the need to illuminate and understand the conventionalised nature of genres. This highlights production of professional genres as a process of negotiating conventions. In this study, I wanted to identify some of the distinct textual features that define the structural form of the different professional genres and whether the participants could recognise and handle the features in the

process of producing the genres. I also explored how the participants construct and interpret the genres and, which discourses and texts they draw from. By analysing the supervisor's feedback on the texts I was able to identify the rules of constructing the genres; what was regarded as acceptable or not thereby illuminating the conventions and practices of occupational therapy practice discourse. The texts also shed light on how the genres positioned the student in the context of practice learning and power relations within the context.

3.7.4. Analysis of focus group data

Data obtained from focus group discussions were analysed using thematic analysis as suggested by Krueger & Casey (2009). The process of thematic analysis began with coding which entailed identifying units of meaning in the text and assigning a name or a code to it. Charmaz (2014) indicates that "coding enables the researcher to define what is happening in the data and begin to grapple with what it means (p. 113)."

The codes were then organised into categories. Constant comparison is a key strategy for developing categories; patterns and relationships between codes are identified and codes with similar dimensions are grouped together forming a category (Krueger & Casey, 2009). I used the research questions as a guide when developing categories, so codes that captured ideas, actions or feelings towards a particular element in the research questions were grouped together. For example, perceptions, strategies and experiences that were shared regarding the impact of language on student's learning process were grouped together. The categories were then aggregated into broader more abstract dimensions.

3.8. Quality in qualitative research

There is a diverse range of standards for ensuring quality in qualitative research; some of these closely emulate the criteria for validity and reliability in scientific research. Approaches such as those proposed by Yin (2009) and Stake (1995) speak to ensuring validity and reliability of qualitative evidence. These approaches seem to go against the very nature and epistemology of qualitative research. This may be attributed to preference of theoretical (verifiable) knowledge over context-dependent knowledge that qualitative inquiry yields, particularly case study research (Flyvberg,

2001). However, despite the diversity in approaches there is consensus on the need for qualitative researchers to show that their studies are credible (Creswell & Miller, 2000).

In this study, the criteria for trustworthiness proposed by Morrow (2005) were employed to guide the process of ensuring quality "subjectivity and reflexivity in qualitative research, adequacy of data, and adequacy of interpretation" (p. 253). The criteria aligned with the poststructuralist paradigm that informed this study.

Subjectivity and reflexivity

Qualitative researchers acknowledge that the very nature of the data gathered and the analytic processes engaged in are grounded in subjectivity. This is because "subjectivity is essential for understanding" (Stake, 1995, p. 45). Two reflexive strategies proposed by Morrow (2005) were engaged in this study, namely, keeping a reflective journal and engaging in peer debriefing. I kept a reflective journal throughout the research process, noting thoughts, insights drawn from literature and conversations with peers and supervisors, shifts in thinking and assumptions during the process as well as reflections on the research process. I participated in seminars, research meetings and conferences where I shared the research reflections and insights. I was constantly in dialogue with my supervisors throughout the process, particularly as a novice qualitative researcher in the field of education. This level of reflexivity enabled me to own my assumptions, challenge them and be more open to what emerged from the data.

Guided by the case study design, multiple data sources were used. Morrow (2005) indicated that "the more variety in the data sources obtained, the greater the richness, breadth and depth of data gathered (p. 256)." The multiple data sources ensured adequacy of data and enabled a deeper understanding of the learning process as experienced by African language speaking students.

The multiple data obtained required various analysis methods as outlined in section 3.7 and this ensured adequacy of interpretation. I employed two strategies suggested by Morrow (2005) to achieve adequacy of interpretation: immersion in data (as indicated in section 3.6) and developing an analytic framework to guide analysis. In

the analysis phase I spent considerable time trying out different analysis approaches that enabled immersion in the data. In order to fully engage in rich analysis as per the case study design, I drew an analytic framework, presented in section 3.7.2 that enabled me to analyse systematically and organise the findings into a meaningful whole. From this process I was able to provide a 'thick description' (Creswell & Miller, 2000; Stake, 1995) of the process and findings as required in case study research. The description highlighted the complexities of the issue under investigation as well as the particularity of the case, as per the instrumental case study design proposed by Stake (1995).

3.9. Ethical considerations

The ethical considerations that stood out in this study were consent, confidentiality and non-maleficence.

The process of obtaining informed consent was not as smooth as I had assumed. As an insider to the research context, I assumed the potential participants would be more forthcoming. I sent an email with an information sheet (Appendix 8) to each student that met the criteria for selection to partake in this study. This sheet outlined the purpose of the study, what was required of the participants, the risks and benefits of participation in the study, as well as how the data obtained was to be utilised. This was meant to enable the prospective participants to make an informed decision about their participation in the research (Henning, van Rensburg & Smit, 2004). However, I received no responses until the set period lapsed. About a week later, one of the prospective participants sent an email indicating interest in participating. This was acknowledged and a time was negotiated for an interview.

After the first interview with this participant, two other students indicated interest in the study. Apparently, the students were waiting to hear details from the first participant about what the interview entailed. The African language speakers made up the minority proportion of the student profile in their class, so they knew each other well. When the first invitation was sent, they inquired among themselves who was invited and who was not. Even though I maintained confidentiality in my approach, they themselves broke confidentiality. One of the students indicated interest, but did not

commit to a time for the interview, and it was later established that she did not meet the criteria for participation due to a recent diagnosis. The fourth participant decided to partake in the study in the second term, after first interviews had been completed with all the other participants.

At the beginning of the first interview, information about the research was provided and an opportunity for questions was afforded, then written consent (consent form attached in Appendix 9) was obtained. The students were informed that participation was voluntary and that they could withdraw from the study at any point or refrain from answering certain questions. Hence, I obliged and did not probe further when one of the participants indicated that she was no longer willing to be part of the research and requested that any information obtained from her should not be used.

Similarly, at the beginning of the focus group session, the purpose of the research was revisited with emphasis that focus was not on the supervisors, but on student experiences and consent was obtained in writing. They were reminded that participation in the study was voluntary and that they had a right to withdraw from the study at any point or refrain from answering certain questions. A similar process was followed with the Practice Learning Coordinator.

Maintaining confidentiality and protecting the participants' identity was very important, particularly because they were still part of the occupational therapy programme when the process of sharing findings began. As indicated in section 3.6, pseudonyms were used and the sites that they referred to in the interviews and documents were not mentioned by name. All data was handled with strict confidentiality: password protecting electronic data and locking up hard copies in a safe place (as outlined in section 3.6). In addition, the rights of the participants were protected at all times and respect for human dignity was shown during interviews, member checking sessions, when handling documents obtained, as well as when reporting findings. This ensured non-maleficence.

Conclusion

The chapter presented the methodology adopted in this study. A detailed outline of the research process, selection of design and rationale for choice, data collection methods and sources and the analysis process were provided. This detailed account shows that guidelines for case study research were adhered to and the requirements for case study research proposed by Stake (2005; 2008) were met, which speaks to the quality of this research as a case study.

Chapter Four: The embedded cases

The rationale for adopting case study research is to enable me to describe and explain the research problem in-depth and more holistically as indicated in Section 3.2. “Case study is the study of the particularity and complexity of a single case, coming to understand its activity within important circumstances” (Stake, 1995, p. xi). In this chapter, I present the embedded cases, highlighting their particularity, uniqueness and commonalities as part of a single instrumental case study.

This chapter highlights within-case analysis providing thick descriptions of the cases and their activities, which aligns with qualities of the case study design: “depth and understanding of context and process” (Flyvberg, 2011, p. 314). This is a case about negotiating access to the discourse of practice education. A description of the participants’ background, education trajectory thus far and future plans, highlighting their ‘investment’ (Norton Pierce, 1995) or lack of investment in occupational therapy as a profession will be provided. The background of the cases will shed light on the ‘primary’ and previous ’secondary’ discourses (Gee, 1990) that were instrumental in shaping engagement in the occupational therapy literacy practices in the practice education context. In addition, in line with the case study design, the physical setting where each of the participants was assigned for the different domains of practice will be presented, as well as the social, economic, political and aesthetic contexts within which the case functioned. Information that highlighted the situatedness of the case in context was obtained from different sources, such as the Practice Learning coordinator, the supervisors and documents.

All participants came from outside of the Western Cape and it was the first time they lived away from home. They lived in university residences, therefore they had access to other students in the same programme, support systems within residences such as the mentorship and tutorial system, and resources such as internet access, among others. The participants attended high schools that would previously be classified as ‘model C’ schools, meaning that they were well resourced. They were all home language speakers of African languages other than isiXhosa, the dominant African

language in the Western Cape. To ensure anonymity, pseudonyms will be used to refer to the participants: Unathi, Lebo and Tiyiselani.

4.1. Unathi

4.1.1. Background

Unathi was from Kwazulu Natal, she grew up with both parents and an older sister until her mother passed away a few years ago. Her father was a retired engineer and her sister was a qualified credit manager working in a well-known financial institution. Unathi identified herself and her family as “born-again Christians” and their beliefs and values are aligned with Christianity.

In her account, she echoed her family’s shared view of education as a promise of a brighter future, hence the commitment to enable her to realise this vision. She completed both primary and high school in the south coast. She reported having attended multiracial schools from Grade 1 through to 12. Her father was financing her studies and she was expected to complete the degree, despite her dislike of occupational therapy.

Career choice and investment in OT

During the interviews Unathi repeatedly expressed her dissatisfaction with being enrolled for an OT degree rather than medicine which was her first choice when applying to study at university. Although OT was her second choice, she admitted to having had limited knowledge about the profession at the time of application. She named the daughter of one of her high school teachers as the only source of information about OT. To emphasise her unwavering discontent with OT, she indicated that she envisioned enrolling for a degree in medicine on completion of her community service period or for a Masters’ degree in another discipline that would enable her to work in hospitals, but not as an occupational therapist. Her experience in practice learning was a factor that contributed to this decision over and above the initial disconnect with the profession. Unathi seemed not ‘invested’ (Norton, 1995) in occupational therapy as a profession.

4.1.2. Perception of OT practice education

The transition from classroom to practice seems to have been a process marked by relentless contention for Unathi, even though she admitted that she "found the learning process interesting." She disclosed that "going into practice learning and working with people was the hardest adjustment" she had to make. Although she cited herself as a source of her challenge, particularly her cognitive abilities, she also referred to the nature of OT practice education as a contributing factor. Her perception of this component of OT education was that it is elusive and demanding both emotionally and intellectually. She commented:

> It's not straightforward and they want you to do so much with one person, as compared to other professions. There is so much thinking, so much analysing in OT that it was draining and UCT is driving me mad.

Although Unathi recalled having a change of heart regarding enrolment in OT during her second year of study, her disapproval seems to have been re-ignited during third year. She emphasised, "third year is **exhau-u-sting**… [It] was more suited for students who actually loved the profession." This highlighted her awareness of the potential impact of affect on the learning process.

Another disheartening factor seems to have been negotiating OT identity in the practice context. She remarked that in the physical setting, service users lacked knowledge of the role of an occupational therapist. Her perception of the positioning of OT in mental health settings was initially influenced by other students. She had gathered that other members of the Multidisciplinary Team seemed misinformed; "they made them feel stupid as they thought the role of the occupational therapist [was] to keep patients busy playing games." However, to her surprise, the nurses in the ward that she was assigned "were fond of OTs and understood [their] role." Due to the clear role of OT in mental health, she expressed an inclination towards this practice domain, even though she experienced OT physical practice as "easier."

4.1.3. Context

In order to understand the activities of the embedded case and the situatedness of these activities, the context will be outlined below.

The physical domain site

Unathi's first practice learning site was a ward for terminally ill patients of various ages. She was the only student assigned to the ward, but there were other students in the same hospital in different areas of practice. Unlike the other participants, Unathi had the opportunity to work with patients[2] over a longer period of time, as they were in-patients; therefore she had the opportunity to implement the OT process in its entirety. Nonetheless, she still encountered difficulties in the transition process. Through repetition, she made her experience of being in a prolonged state of confusion and uncertainty during the physical block significant. She cited lack of understanding of practice learning requirements and not knowing how to fulfil them as the cause of her struggles, as well as limited support and guidance from the supervisor and clinician.

The mental health domain site

For the mental health placement, Unathi was assigned to the male acute ward of a government-funded tertiary psychiatric hospital. The patients were between the ages of 21 and 60, from diverse backgrounds, with majority being of Xhosa ethnicity. They mainly presented with psychosis, and according to Unathi were "very low functioning." Although she repeatedly spoke of the challenging nature of the block due to the patients' level of functioning, she commented that overall, mental health practice was "better" than physical and she enjoyed working with patients particularly in groups.

Despite enjoying interaction with the service users, Unathi observed that her experience of the first mental health block was similar to that of the first physical block:

> For all my first blocks [I] always spend the whole five or at least three weeks or four just trying to understand what they require of you, how to structure your work...I'm always all over the show.

She added that she was particularly "frustrated" by the short period of practice learning blocks where, according to her, the expectation was "to be these geniuses where you must get everything by the end of 20 days." Through these excerpts, Unathi foregrounds the fact that 'acquisition' (Gee, 1990) of new skills is a process that

[2] I refer to service users in a hospital setting as patients, if they are in the acute phase, therefore dependent on others for care.

happens gradually over time, therefore highlighting a contradiction between the period of practice learning blocks and the expectations from the university.

4.1.4. Negotiating Language

Being multilingual seems to have been instrumental in facilitating development of good relationships with service users for all the participants, regardless of domain of practice. Unathi indicated feeling more comfortable working with people of her "own race or who spoke a similar language" to hers. However, she reported playing the role of an interpreter for the clinician during sessions in the mental health placement and she found this difficult as straddling two roles disrupted the flow of the session.

Unathi compared her experiences of using language in the physical and mental health practice settings. Her view was that in "physical people are fine, so even language might be a difficult thing," but its impact on practice was to a lesser extent than in mental health practice. She explained that it was difficult to maintain attention and concentration for 45 minutes for patients with acute mental illness, because of their mental state, so "if you're speaking a language that they don't understand, it's even harder to get their attention."

The ability to communicate with patients is important in mental health practice, because the majority of assessment and intervention is through speech. Unathi drew attention to the fact that speaking a language that patients understood "was really helpful" in facilitating interaction and enabling development of good therapeutic relationships. This was important in her situation, because due to their diagnoses, most of the patients had negative symptoms, such as withdrawal; therefore being able to foster interaction between them was an achievement. Communicating in a language that the patient understood also enabled Unathi to assess the level of psychosis. She observed that:

> People seemed less psychotic when you speak a language they understand, coz when they speak to other people and they like form sentences in English … people just think oh my gosh this guy is so crazy and then when you speak to them in Xhosa, you're like he is not that crazy he just doesn't understand what you're trying to say to him.

This excerpt indicates Unathi's awareness of the importance of language in enabling accurate assessment of service users (both acute and chronic) in mental health practice.

Despite, Unathi's ability to communicate with patients in their home language, communication was still a complex process. She was aware that "sentences had to become very simple" and she had "a very, very big problem with that." The emphasis she put in this statement makes this issue significant. She attributed the complexity partly to her perceived proficiency in the English language.

> First of all English is not your mother-tongue so now you have constructed this sentence now you need to break it down again… once you have taken it down to the basics then you have to translate it... It was a lot.

Proficiency in an African language was a resource that Unathi strategically re-appropriated to gain access to social goods. In this case these goods were the quality of relationships with patients. This experience foregrounds the connection between being understood and the potential quality of the relationship.

Negotiating relationships

In practice learning, Unathi negotiated relationships with service users and their families, the supervisor, clinician and other members of the multidisciplinary team and a fellow student whom she was expected to work in partnership with in some settings.

With reference to relating to supervisors, Unathi spoke of experiencing challenges due to two issues: firstly, her perception of how approachable the supervisor was and secondly, inconsistencies in the supervisors' expectations and approaches to teaching which influenced their relationship. In the first interview, Unathi described her relationship with the supervisor as not "comfortable." This feeling was due to her view of her supervisor as unapproachable which inhibited her from seeking the kind of support and guidance she needed. Her perceived and internalised powerlessness seems to have negatively impacted on her learning in this block. During the interview she repeatedly verbalised how not asking for help impacted her learning, making it a significant issue.

However, not reaching out for assistance was not the only factor that affected the learning process. The disjuncture between the supervisor's expectations and the student's level of development in the learning process was also evident to Unathi. In her view, some supervisors had preconceptions about "certain students' capabilities" including hers. She reported that in the mental health setting, she felt the need to work harder to prove her capability unlike "a certain category of students that by default got higher marks." However, she acknowledged that this could have been a figment of her imagination.

The supervisor's approach was another factor that Unathi drew attention to as impacting learning in practice. She compared supervisors' pedagogic approaches to determine whether she considered a supervisor "good" or "bad." In her view, the ability of a supervisor to facilitate acquisition of knowledge, therefore access to social goods, made the supervisor good.

> You only realise that when you have your second block and then you have a better supervisor you are like; oh ok so I actually didn't have someone who was supposed to teach me all of this, coz with… my second physical block, that was the first time I actually… I learnt to do all of those ROM and like proper assessments and in my first block I didn't have someone to teach me all of that.

She reported going through a similar experience in her first mental health block; "our supervisor didn't come in, in any of our sessions except for like the informal dem, where she just sat there… the only help you get is from your clinician and your supervisor doesn't really help you." Unathi openly expressed annoyance towards this supervisor's approach: "What's the point, you keep having these requirements, but you can't really help me through them or get me to the requirements...." Here, Unathi illuminates a tension in positioning as a student who is simultaneously expected to act as a practitioner. This establishes a connection with her approach to learning where she expected to be directed rather than direct her own learning. There seem to be different views and approaches to apprenticeship between supervisors. Unathi drew the conclusion that her supervisors for the first blocks were "not good." This could indicate a longing for a different kind of relationship with these supervisors, which would result in a different approach to apprenticeship as was her experience in the second physical block. The supervision approach seems to enable or hinder mastery

of literacy practices. Unathi's experiences of navigating these occupational therapy literacy practices are described and analysed in Section 4.1.5.

4.1.5. Conducting assessments

As indicated in section 3.7.2, the literacy event of conducting assessments is made up of sub-activities that require certain discourse-specific knowledge and skills for execution.

Selecting assessments

In the interview focused on the first physical site, Unathi indicated that for assessing occupation, she used a model that one lecturer spoke "a lot" about during lectures. This could suggest that she interpreted repetition of information from a lecturer as signalling the importance of that information. Unathi predominantly relied on employing strategies such as reading cues and recall rather than applying 'clinical reasoning' (Mattingly, 1991) to make decisions about theory selection.

For the first mental health placement Unathi commented: "I think I can choose an assessment and rationalise why I chose it, so that's not too bad." She appeared to have reservations, she characterised her ability as "not too bad", which could imply awareness of a need for further improvement. However, she recognised her own developments in gaining mastery in this literacy activity, which she attributed to exposure and practise throughout the three practice learning blocks.

Interpreting assessments

Unathi spoke of engaging in the 'sub-activity' (Gee, 1999) of interpreting assessment findings as frustrating and confusing, because she "did not know how" to interpret findings in order to inform the problems and assets list. This list is a discourse artefact used for documenting assessment findings and requires valuing like an occupational therapist, which would guide thinking, reasoning and writing in the preferred way. Despite her apparent limitations in drawing up the list, she was aware that it was important for the process of formulating goals. She attributed this awareness to the guidance of the clinician and a model that was referred to "a lot" by a particular lecturer. Again, Unathi seemed to use repetition and the status of the source of information to

attribute value to information. By verbalising her realisation of the role of the problems and assets list, Unathi established a connection between two activities in the OT process: conducting assessments and planning intervention for the patient.

4.1.6. Planning intervention

Unathi's awareness of the relationship between the problems and assets list and formulating goals did not translate into use of this knowledge to plan intervention. Instead, she mainly "focused on what was visible" like mobility if a patient could not walk therefore "not using all the information" gathered through assessments and adopting "a narrow view" of the patient's needs. Inability to organise information and integrate knowledge to inform the next phase of the OT process could highlight limitations in both know-how and clinical reasoning. To mask these limitations, Unathi used strategies such as abandoning the OT process and focusing on visible needs.

The struggle with integration persisted through the mental health block, which was her third block. Unathi stated that at the beginning of the block, she formulated goals that were "not concise and measurable," but towards the end of the block they "became smarter." According to Unathi, the clinician's guidance accounted for the improvement. The clinician seemed to have been instrumental in facilitating some skill acquisition. This skill of formulating relevant aims for intervention using appropriate conventions requires practise and guidance.

Despite the perceived improvement, Unathi acknowledged that she was "still having quite a lot of problems" with formulating goals, even after the third block. She cited limited clinical reasoning as the cause. This difficulty seems to have intensified during the mental health block; she described the process of formulating goals as "quite hard," because the patients were "low functioning" and this made the "block hard." Through repetition she made the challenge she experienced significant.

Using theory in practice

Another instance that signalled Unathi's difficulties in integrating knowledge was her limited ability to use theory in practice effectively. In her account about the physical placement, she knew the theory, but did not apply it as she "did not know how to apply

it.” Unathi was also uncertain of how to report or showcase use of theory in practice, she stated; “maybe I’d apply it, but I wouldn’t really report it." This reflection shows a tension between having the ‘meta-knowledge’ (Gee, 1990) and not knowing how to apply and report application.

Unathi repeated her difficulties in integrating knowledge about nine times during the interview, making her limitations in using theory in practice a significant issue. She cited her historic approach to learning as the source of the problem:

> I like to have a programme and then just following what someone has told me to do, just like following steps… My whole mentality was just you expect someone to tell you today you have to go read over this and this… maybe I’m just used to being spoon-fed…

In this excerpt, Unathi illuminated a discourse practice that she was not fluent in, this was the ability to direct her own learning which she admitted to not understanding or knowing how to execute. It seems to be taken-for-granted that students have the skills and knowledge to direct their own learning and this appears to be a valued skill in accessing the “ways of speaking, knowing, valuing and acting” (Gee 1990, p 143), that is, the discourse of practice education in OT.

Unathi’s difficulties in using and reporting theory were not unique to the physical health setting; she reported a similar encounter for the mental health placement, although she indicated noting an improvement in reading and applying theory was evident. However, she commented that she was not enjoying the theory. This improvement could be due to awareness that mental health practice seemed to require “more application” and showcasing of ‘meta-knowledge’ (Gee, 1990) in “the way you do stuff.” However, she admitted to struggling with “wording” theory when producing the required genre. Again, she referenced limited clinical reasoning as the source of her difficulties. She also added that she was “struggling to understand how to show clinical reasoning.” In her view, the problem was “not knowing exactly what to write to prove that you acquired the skill of clinical reasoning,” but how to show knowledge. Use of theory is evident in selection and application of principles.

Using theory in practice through applying principles

Selecting appropriate principles and formulating principles from theory can be challenging for students. Unathi was no exception, particularly in the physical block

“the criticism was always the same.” Despite feedback from the supervisor, “it took the entire period of the block to improve,” and when she “tried to work on feedback for one thing, something else fell apart.” She also added that she did not “feel comfortable” to ask the supervisor “the same question over and over again” regarding the principles. Unathi foregrounds a taken-for-granted assumption that when feedback is given, students would be able to decode it and successfully implement it to improve. Her recount showed that successfully integrating feedback is a layered, recursive process that could require ongoing guidance from the supervisor.

Although Unathi expressed difficulties in formulating principles from theory, she could locate existing principles and recognise situations and diagnoses that required use of specific principles. This signals having ‘meta-knowledge’ (Gee, 1990) about principles in a practice situation. She recalled a source from second year as well as other principles that were provided in lectures.

For the mental health placement Unathi indicated that by the end of the block she was starting to understand how to formulate principles. She added that she found “handling and finding principles easier than in physical.” Formulating principles seems to require practise and sound knowledge and understanding of theory.

Selecting activities for intervention

Subsequent to formulating goals and principles, Unathi was expected to select appropriate activities for intervention. She had to incorporate information acquired from assessments, context-specific knowledge and theory to guide reasoning. However, she indicated that she selected activities for intervention based on cues she picked up from lecturers and what she perceived as most evident needs.

In addition to reading cues, she reported selecting activities based on what she wanted to achieve during intervention. Here she made an appropriate connection between the activity used in intervention and the goals for intervention. Given her response, it seems she did not include the patient in the decision making process regarding the activity of choice. The preferred way of choosing activities in OT practice is that this should be negotiated with the patient and the activity be selected from a range of activities that the patient already engages in. Selecting an activity within this repertoire

would require Unathi to make use of information acquired during assessments, which she admitted to neglecting. Inability to integrate information seems to have been a recurring problem throughout the OT process.

For the mental health setting, Unathi commented that she was “still struggling” to enact the ‘sub-activity’ (Gee, 1999) of selecting appropriate activities for intervention. She was aware that choosing activities required careful consideration and a theoretical rationale, because some activities could not be done with “certain people” due to their diagnosis. Unathi named some of the strategies she employed to overcome the challenge. These included referring to a library book that had been mentioned by a lecturer, but the activities were not helpful as they were suitable for higher functioning patients. In addition, requirements from the placement further intensified the challenge; the clinician wanted her to “think outside the box” and to use “life skills activities” rather than leisure activities. Given her difficulties in using theory in practice, it is not surprising that she felt that requirements for activities were “frustrating.” Unathi disclosed that with such restrictions, “all students were finding it hard to think of activities,” so they “recycled activities.” Apparently, they would “take activities from everyone who had been at the placement” and try to implement them. In this way, she established solidarity between her and other students in this struggle. However, she noted a problem with this approach as patients differed, therefore their needs differed.

Documenting the intervention plan

The end-product of planning intervention is producing professional genres, which are a discourse artefact, and therefore as indicated in section 3.5.2 their production is governed by the discourse community (Swales, 1990). There is a preferred, recognisable way of producing genre that signifies “ways of using tools, knowledge and signs systems” of a particular discourse (Gee, 1990, p. 143). Producing the planning log is a multi-layered process. The student has to handle the overall features of the log, so that the product is recognised as a log with its components. In this process, the student has to handle features of each component of the log, which requires use of specific language conventions for each component to present content knowledge. The discussion below is based on analysis of the written work that Unathi

submitted with a focus on the ability to produce professional genres. This analysis was used to also triangulate information obtained from the participant.

Unathi repeatedly asserted that she had struggled to understand the requirements of producing the genres. In addition, absence of a model of the genres resulted in her producing a “horrible” first case story. Apparently, a model was made available after she had submitted this case story. However, she indicated that she had an opportunity to submit a second case story and there was marked improvement. A tension was apparent between the timing of making information available and the deadlines set for submission of genres.

Unathi was aware and appreciative of the role of writing in the learning process, particularly with regards to using theory in practice.

> It helped **me** with understanding… when you write it down it actually makes more sense, sometimes when you just do it, you do it but then when you have to write it down… it starts adding up

In this excerpt Unathi foregrounded writing as instrumental in facilitating an emerging understanding of theory, therefore enabling her to make some connections between theory and practice

Planning log in Physical Health block

During the interview, Unathi remarked that it took the entire duration of the block to begin to understand what was required of her in reproduction of genre. This struggle manifested as not incorporating feedback, therefore repeating the same mistake over and over.

She organised and presented information well using bullet points and tables. This structure enabled her to highlight the relationship between information, showcase her knowledge of content and level of reasoning. This created an opportunity for the supervisor to provide specific feedback and to model use of the domain-specific social language, relevant symbols and sign systems. For example, in the table below, the supervisor poses questions (the supervisor’s comments are presented in italics, a different colour font and strikethrough) that prompts Unathi to think deeper, guides her on where to draw knowledge and how to present it.

Functional impairment WHAT	Analysis of components HOW	Underlying impairments WHY
Paraparasis – *unable to weight bear on lower limbs* ~~(right limbs dominant)~~	Rolling to sit, is performed from the dominant side with minimal assistance. *What about other aspects such as transfers?*	Lesion T3-L2, she therefore lacks mobility in her legs
Urinary & faecal incontinence	*Lacks voluntary control and thus* Currently using a catheter and linen lining.	Location of the lesion *perhaps explain a bit more clearly why the lesion results in incontinence – link to anatomy*

You need to analyse each functional problem in more depth so that all underlying problems with components are identified. (Unathi, Planning log 1 week 1).

In addition to the problems and assets list, Unathi included a session plan, which seems to have replaced the activity in logs for weeks 1, 2, 3 and 4. However, with prompting from the supervisor, she presented the activity in the logs for the last two weeks and omitted the session plan. This interchange could indicate difficulties with establishing a distinction between the session plan and the activity. Not distinguishing between components of the log was also evident when she presented handling principles as part of general practice principles and omitted grading guidelines in all the logs she submitted.

Unathi's inability to differentiate between a goal, a precaution and a general practice principle was evident across the logs. For example, for the physical block, in a log for Week 1, she stated a precaution as a principle and the supervisor corrected her. In Week 2, she interchanged content; she presented goals as principles and sub-aims (which are goals) as principles. The supervisor made her aware of this and modelled how Unathi should present principles;

Sub-aims ***These are actually principles***

- To help the client experience increase self-esteem because she is achieve in her set goals. *This is a principle you will use to guide your activity choice rather than a sub-aim*
- To build up the clients self-esteem to enable them with the ability to express themselves. *Principle; Allow opportunities for self-expression through …*
- To enable the client to use their autonomy by consciously including them in decision making. *Involve client in decision-making by …*

(Unathi Planning log Week 2).

Although Unathi attempted to incorporate feedback on the principles, difficulties were apparent across the five logs. In one log the supervisor commented;

> **You are mixing up over-arching principles, structure of the session and steps of the activity. The principles should relate to the sessional goal/s.**

The supervisor's remark seems to show some frustration, hence she underlined, and bolded and colour coded important areas in her response. Unathi only began to show some improvement in using some appropriate language conventions for presenting principles in the log for the final week, but the content was poor. The inadequacies that manifest in her writing were consistent with her view that she had "quite a problem" with drawing principles.

Planning log for the mental health block

There was a notable improvement in how Unathi handled features of the planning log for the mental health placement as compared to the physical block. However, discrepancies were evident. Some of the logs did not contain patient information, therefore it was difficult to ascertain whether the aims and principles were appropriate for the patients. This omission was consistent with Unathi's comment that in some logs she left out information, because she was planning a second or third log for the same patient, so she thought she did not need to include all information. It is stated in the practice learning manual that when planning a second or third log for a client, the student need not repeat all the information (Practice Learning Manual, 2013). However, the recommendation also pointed out that the reader should be referred to the first log for additional information. Unathi did not make this reference.

With reference to the aims, Unathi included all the headings for the different types of aims in some logs and not others. She added the temporal aspect that distinguished one aim from the other. However, other limitations were visible in handling the other features and content of the various aims. During the interview she indicated that she had difficulties with drawing aims, although she had the impression that there was an improvement in this area towards the end of the block as a result of the assistance of the clinician. On the contrary, evidence of an improvement was only in the sub-aims where she drew them from the patient's performance components.

The other aims were presented as the activity or treatment modality that would be used in the session, rather than naming how the patient was to benefit from the session. For example, she stated:

> Sessional aim: By the end of the 45-60 minute session, the patient would have engaged in an activity where they will need to make a poster showing all the unhealthy habits people engage in.

In addition, there was no relationship between the long term and main aims across all the logs. However, there was alignment between the activity choice and rationale and the patient's needs and sessional aims, supporting a statement that she selected activities based on the aims and needs of the patient. The rationale for choice of activity was not theory-based despite stating in the interview that for the mental health blocks she needed to provide a theory-based rationale for the activities.

Although Unathi only presented handling principles and no others, there were significant improvements in her presentation of precautions and grading guidelines. She included strategies for up-grading and down-grading. The omission of other types of principles could indicate limited fluency in using theory in practice. This limitation was also evident when she copied some principles from the source and included them in her log without applying them to the patient.

In summary, there was consistency between her account in the interview and evidence in the logs. Unathi had insight into her difficulties in most areas of producing the genre, whether it was handling features of the genre, demonstrating content knowledge or

using appropriate language conventions. Her apparent difficulties manifest in similar ways for both the mental health and physical health planning logs as omission of features and content, inappropriate categorisation of content and limited interpretation and application of theory evident as copying and pasting information from the source without integration. In addition to these issues, in the physical logs she also did not incorporate feedback as was expected and for the mental health logs she repeated the same principles across all the logs regardless of the patient's needs and sessional aims. However, her attempts at handling features of the genre for the mental health block were relatively good compared to the first physical block. This could indicate transfer of skills in constructing the planning log.

4.1.7. Implementation of Intervention plan

Unathi had the perception that the practical part of the demonstration "was fine," but using theory during the presentation "was a problem." She attributed her limitations to lack of guidance. She expressed an expectation for the informal demonstration to "adequately" prepare her for the final one and although not explicitly stated, she expected more feedback, guidance and support from the supervisor. Her expectation and experience of the final demonstration was similar for both the mental health and the physical practice placements. This could highlight a disjuncture between the student's expectations and the supervisors' pedagogic approach and/or their expectations about students' levels of expertise. The final demonstration is important as it carries marks that form part of formative assessment of the course.

Unathi also indicated that for the mental health placement she was aware of a significant advancement in her reasoning and acting in the fourth week of the block. However, it took place after the final demonstration and her supervisor was not able to witness this, as she was no longer available, so "the third week was the last week" the supervisor was available to the students. For this reason, Unathi felt that the block mark that she was awarded was not a true reflection of her abilities. This experience points to a discrepancy on the part of the supervisor making a decision about Unathi's overall performance in the block in the third week, when this assessment was to be completed in the fifth week.

4.1.8. Evaluation of intervention

Unathi encountered difficulties with the activity of evaluating intervention during final demonstrations for both the physical and mental health blocks, because she had not practised doing an evaluation of intervention during the informal demonstrations. This experience highlights a tension and a possible shortfall on the part of the Occupational Therapy department, because the mid/informal demonstration is intended to prepare students for the final demonstration. Her limited knowledge of evaluating intervention could highlight a need for 'scaffolding' (Wood, Bruner & Ross, 1976) in this area, particularly during the informal demonstration.

A similar disjuncture to that stated by Unathi for the implementation of intervention seems to recur for the step of performing an evaluation. On an overall evaluation of her abilities, Unathi expressed that after the third block she noted an improvement in her ability to reflect-in action and make necessary changes in the intervention.

Summary

Unathi's main difficulties were limited knowledge and understanding of learning outcomes; not knowing how to interpret assessments, integrate knowledge, use theory in practice and apply clinical reasoning. Among others, her historic approach to learning where she was waiting to be directed instead of directing her own learning accounted for these difficulties. She also made connections between relationships, power and status and their impact on her ability to learn. For instance, her perceived powerlessness in her relationship with the supervisor resulted in inability to seek the kind of guidance and support she required from the supervisors. Unathi also alluded to the pedagogic approach in practice learning as playing a major role in a student's ability to gain access to social goods such as knowledge and skills relevant for occupational therapy practice.

4.2. Lebo

4.2.1. Background

Lebo's family was originally from one of the neighbouring countries. When she was a toddler, her family moved to an area in central South Africa. Lebo lost her father at the age of seven and lived with her mother, stepfather and two siblings, a brother who was

in the final year of high school and a sister who had just started primary school. Lebo attended Afrikaans medium schools; both at primary and high school levels. English was taught as an additional language. The schools were within the same area where she lived, so coming to UCT was the first time she had to live away from home.

As a first generation university scholar in her family, Lebo positioned herself as a pioneer and a role model for her siblings. This positioning seems to have put her under pressure, but also motivated her to perform well and obtain the qualification. Lebo considered an OT qualification as "that one thing that can actually give you a bit of future" and it would "impress" her mother. Lebo seems to have been willing to actualise the OT identity that her mother had ascribed to her. Similar to Unathi, Lebo's family valued education and were of the Christian faith.

In addition to her family's expectations, Lebo's community also had expectations of her, expecting her to succeed in her studies and perhaps return to the community to contribute to its development. She thought these expectations stemmed from the various leadership positions she had held in her community; as a head girl at her school and through serving in various councils as well as the church.

Career choice and investment in OT

Lebo spoke of OT as a compromise for career choice as she initially wanted to become a psychiatrist or a psychologist. However, in her view, both careers were extremes as one was "very impractical and the other was too practical." In addition, the time period it would take for her to qualify as a psychiatrist was a deterrent. According to Lebo, OT was a balanced alternative to both psychiatry and psychology.

Lebo's investment in the Occupational Therapy degree was connected to her 'imagined community' (Anderson, 1991); she envisioned using the qualification to work with communities. She indicated that her motivation to obtain the OT qualification was for its greater potential to guarantee sustainable employment than media, which she was passionate about. However, she did not want to practise clinical OT; she preferred a more administrative position.

In the second interview, Lebo reported feeling apprehensive about becoming an OT. She attributed this feeling to disappointing marks, adding that due to her desire to score high marks, she adopted a strategy that perhaps compromised her learning.

> Going into these blocks I feel like maybe what I've been doing has been trying to impress the clinician, impress the teacher type of mentality…
>
> I'm always thinking about my own marks, so I really have to get high marks, and forget more about the client, and their needs and their goals.

This excerpt highlights a tension between Lebo's focus on marks and the patient's needs. She seems unaware of the connection between marks and the process of gaining access to the discourse. The marks could be regarded as the 'social goods' (Gee, 1990) in the discourse of practice education.

Lebo added that limited explicit instructions and guidance impacted her experience of practice learning.

> You get in a situation like practice learning where nobody tells you what to do, they just give hints or like pointers, then **you** have to think it out yourself and I struggled to come up with ideas on the spot, so it's **very** difficult for me.

This excerpt highlights a supervision approach that values and promotes problem solving on the part of the student, hence lack of explicitness. The challenge is that with limited practice experience, there is a need for 'scaffolding' (Wood, Bruner & Ross, 1976) to support development of problem solving skills; but according to the excerpt, this may not have been the case.

Lebo also recognised own limitations in skills that she regarded as important for OT practice: "OT challenges you to be **very** assertive, **very** hands on and **think** for yourself, **think** critically… I find it difficult to be assertive hence why maybe I feel like this might not be for me." Although Lebo cited herself as the source of her difficulties, she named the discourse and the expectations of the interlocutors as additional challenges. She made the issue of marks significant by repeatedly referring to the marks and stating that "it's like in order to get high marks you have to think the way they think. So I really have to get high marks."

Perception of OT practice education discourse

Lebo foregrounded a deep-seated fear of failure as her source of anxiety throughout the duration of the physical block, particularly because of her dislike of the physical aspect of OT and not knowing what to expect. Despite the dislike, she indicated preparing for the block mentally and ensuring that she attended all lectures. However, at the end of the block period, she noted a shift in perception and attitude towards the physical domain; she was starting to like physical. To situate these experiences and perception of practice learning, I present the context below.

4.2.2. Context

This section presents the settings and context within which Lebo completed her practice learning requirements.

The physical domain site

The setting to which Lebo was assigned for the physical domain block was a government community health centre (also referred to as a clinic) situated in a low income area. The health centre operates 24 hours a day, 7 days a week and services are accessed free of charge. Patients varied in diagnoses, age and race, although they were predominantly coloured and black. The area within which the health centre was situated could account for the racial profile of the patients. Lebo indicated that the diagnoses of the patients that she encountered ranged from paediatric ailments to psychiatric disorders. The patient turnover was high.

The mental health domain site

The setting for the mental health block was the vocational rehabilitation unit of a government-funded tertiary psychiatric hospital. Lebo was assigned male forensic patients whom she admitted being scared of (due to the crimes they had committed). In the interview and reflective journal, Lebo explained that she felt unsafe on site, due to both the crimes that her patients had committed and an incident that had occurred where a nurse was sexually assaulted by a patient on hospital grounds. Despite these feelings, she acknowledged enjoying the block, because she loved psychiatry. She described the site as well- resourced and that made selection of activities for treatment “easier”.

Despite enjoying the block and “learning a lot,” Lebo disclosed that “after the block I kind of broke down, because you pile everything away all the feelings, emotions, I mean you are aware of them but you really don’t reflect on them and then on the last day, just really melted down.” She recounted some factors that contributed to this experience, such as similarities in her history and that of some patients: growing up without a father and her relationship with her mother. She highlighted that some of the patients “murdered their own mothers.” Other triggers were her “relationship with friends like peer relationships, where you find yourself not always fitting in.” All these accounted for her “meltdown.”

4.2.3. Negotiating Relationships

The service users predominantly spoke Afrikaans and IsiXhosa. Lebo mentioned “feeling fortunate” that she understood and spoke Afrikaans, because of her schooling. Similarly to the other participants, she regarded her multilingualism as a resource. According to Lebo, her interactions with patients were more positive as a result of being able to communicate with them in their languages. This experience was similar to that of Unathi and Tiyiselani.

To highlight the positive experience, Lebo recounted an incident where it was assumed she spoke IsiXhosa, because she was black; “as soon as I came they booked this Xhosa client for me, they were like, we can’t understand her and we need you to take this client… but I’m like, I don’t speak Xhosa, I’m Sotho.” Lebo was enrolled for the compulsory languages course in which she was learning Xhosa, so she had some proficiency in the language. She described using code switching and mixing of English, Xhosa and Sotho to try and communicate with the patient and through perseverance she managed.

Negotiating relationships

Lebo seems to have negotiated relationships with patients well. With reference to relationships with professionals, she indicated that alongside the clinician, she worked with a Community Service OT (Com Serv OT); a novice OT who had graduated the previous year. Lebo reported feeling more supported by this therapist than the clinician. She added that she developed a “very close relationship” with the supervisor,

whom she perceived as “very, very helpful, almost assuming the role of a mother.” Lebo seems to have received more social and academic support from the supervisor than the clinician, although students engage with the clinician daily and only have face-to-face contact with the supervisor for an hour per week.

In both placements, Lebo seems to have used her vibrant outgoing personality to her advantage, building good working relationships with others on site and with service users and their relatives. She “did not want patients to feel as though their time was wasted” when they came to OT and she also wanted to be perceived as a “worthy person.” Lebo was unique in that throughout the interviews and the reflective journal, she was conscious of and actively trying to preserve a particular image in her relations with others: that of being a “worthy” informed person. Despite her ability to form good relationships, Lebo spoke of being treated differently by coloured patients and she thought her race accounted for this. To support this view, she gave an account of situations where she tried to communicate with them in Afrikaans and they “insisted” on speaking to her in English. Relationships with service users are fundamental to implementing the occupational therapy process.

4.2.4. Conducting assessments

Selecting assessments

In the interview focused on experiences in the physical domain block, Lebo repeatedly commented on challenges she encountered when conducting assessments. For instance, “the most challenging area [was] having to choose appropriate [assessments]… like acting on the ball.” Apparently the clinician would pose impromptu questions requiring Lebo to name assessments that she would use. Lebo alluded to having limited ‘meta-knowledge’ (Gee, 1990) of assessments as a source of her difficulties. This limitation was due to “avoiding some assessments as she felt too challenged by the physical aspect” of occupational therapy.

Lebo perceived the clinician’s teaching approach as another source of her difficulties in mastery of this sub-activity. She expressed dissatisfaction with the clinician’s approach as she regarded herself as new to OT practice and therefore interpreted the expectation to reason like a therapist as unfair. Through repetition, she foregrounded

the challenging experience and her novice status as significant. Lebo mentioned being “under the impression that [she had] to know everything.” This was a self-imposed expectation, which could have been motivated by her desire to maintain status as an informed student. She reported that when the clinician asked her to name assessments she would be on the verge of acknowledging that she did not know, but she “did not want to seem stupid.” Lebo understood admitting to “not knowing” as a sign of stupidity.

Compared to the clinician’s approach, the supervisor used a different approach: giving advice. Lebo recalled her supervisor’s advice as “know your assessments, know what you have to do, research your patient’s history, medical condition and all, but don’t feel like you have to know everything at the back of your mind.” This highlights a contradiction between the supervisor’s instruction and the clinician’s expectations. In this excerpt the supervisor made the privileged knowledge for the activity of conducting assessments significant. As a result, Lebo let go of her self-imposed expectations as she regarded the supervisor’s advice as important. Lebo was also aware that choice of relevant assessments was guided by the patient’s diagnosis and this was the preferred way of knowing and doing in occupational therapy practice discourse.

Implementing assessments and assessment methods

Lebo perhaps experienced an internal tension between knowing the physical assessments that she had to conduct given the patient’s diagnosis, and trying to avoid some of these assessments due to limited skills and knowledge. She admitted that initially she tried avoiding these assessments, but realised that she had no choice as she was required to perform them, so she decided to attempt engaging in this sub-activity. Lebo commented “the more I did them, the more I was able to increase my own experience.” She foregrounds practise in context as a valuable means of acquiring skills and knowledge.

When narrating the processes of implementing assessments and assessment methods, she highlighted another challenge in engaging different skills and knowledge simultaneously. For example, when taking the patient’s history using the interview method, she reported struggling with time management, spending more than the expected time of one hour. Her reason was her limited abilities in interviewing and

concurrently writing notes. She ascribed her limitations to her novice status and made this view significant through repetition. This line of reasoning demonstrated her awareness of how her doing (skills) and interacting were connected to her position as a novice. Lebo was also conscious that the discourse demanded a new way of doing: simultaneous interviewing and note taking which were skills she lacked initially. She interpreted these skills as important sign systems for successful negotiation of access to social goods, such as knowledge and preferred ways of doing.

Interpreting assessments findings

As outlined in Section 3.7.2, a problems and assets list is the end product of the process of interpreting assessment findings. The following is an extract of a problems and assets list from Lebo's Case story in the physical block.

Summary of Assessment Methods: Asset and problem list (Case Story, 7 March 2013);

- Range of Motion
  - Assets:

    The range in MG's elbow has improved since the last week, from passive to active range in the joint. The skin on his forearms and hands was softer than the last session and MG reported that he was gaining "life" in the arm.
  - Problem:

    There is however hypertonia present in the in the muscles of the forearm and arm muscle as well as the intrinsic muscles in the hand. MG has problems with shoulder flexion, which was by far the most difficult movement for the client to do with the most limitation in ROM (stands for range of movement/motion).
- Sensation
  - Assets:

    Sensation was intact in most dermatomes of the proximal shoulder, arm, and forearm and on the dorsal and palmar areas of the hands. MG reported to have gained his sensation back in his arms because after the stroke, the client's nephew and wife reported that he had no feeling and that he would often get hurt without feeling any pain
  - Problem:

    NAD (stands for no arbnomality denoted)

The problems and assets list is often captured in a table format. Although Lebo captured the problems and assets using a list format, she organised information using headings and captured information on both the problems and assets for a particular performance component. Lebo attempted to make use of the relevant social language, including the symbols often used in practice, such as ROM and NAD, but discrepancies were evident. For instance, she reported tonal problems under the heading Range of motion. Tone may affect range of motion, but it is different and their assessments differ. She drew from meta-knowledge from the fields of anatomy, physiology and clinical sciences as required by the discourse, but with little accuracy. The following excerpt from one of her logs seems to refer to tone, but she does not use the relevant terminology.

> The skin on his forearms and hands was softer than the last session and MG reported that he was gaining "life" in the arm.

In this extract, limitations in content knowledge are evident and they manifest as inaccurate use of terminology.

Assessments in mental health

Lebo's experience of conducting assessments in the mental health block was perhaps different. She indicated that assessments in mental health were not "too challenging" in comparison to her first physical block, because she knew the assessments and what needed to be done. She named some of the sign systems relevant for mental health practice: "I knew I had to do my mental state, I had to do my observations, I had to do… assets inventory, all of that" and the mental status examination, which she referred to as "nice and easy." This comment alludes to confidence in knowledge and a sense of preparedness that Lebo had going into the mental health setting, which she did not suggest for the physical setting. The motive could be her investment in mental health practice having considered a career in this domain of practice. In addition, Lebo disclosed:

> "having had an aunt who was diagnosed with schizophrenia in 2008, mental health really is not just a subject for me, but it is closer to my heart than I can imagine" (Learner's log Week 1: 23-26 JULY 2013).

Lebo seems to have had a delayed awareness of the OT literacy practices for the first time, particularly the OT process and the value of its different components. Lebo said;

“I kind of like towards the end… really now saw the value of assessments, like what assessment really is…” This emergent realisation seems significant, for two reasons. Firstly, foregrounding assessments like this could be, because she had been struggling with conducting and positioning them in relation to other components of the OT process. Secondly, because she only realised this in her third block, as evident in her writing;

> I learned how to do assessments and how treatment differs from the assessments. *Did you learn this in the week?* (Learner’s log Week 1: 23-26 JULY 2013).

Given the supervisor’s question (in italics), it may have come as a surprise that Lebo had been in practice learning for two blocks, but only learned the difference between treatment and assessment at this point. The relationship between Lebo and the supervisor seemed harmonious and comfortable. Lebo disclosed her shortfalls, unlike in the first physical block where she did not want to acknowledge her limitations. This kind of a relationship seemed to shift power dynamics. The supervisor shifted to solidarity that rendered her perhaps as more accepting, thus enabling Lebo to share her challenges.

Lebo added that she realised the importance of completing assessments before embarking on treatment. This was after receiving feedback where it was made clear that it was important to keep drawing on her assessment findings when planning and implementing intervention. The supervisor and clinician mediated access to knowledge through feedback. However, challenges were still evident; she acknowledged that “to differentiate between assessment and treatment was still very vague for me and ja that’s the difficulty I got.”

In the mental health block, Lebo adhered to the format for presenting the problems and assets as indicated in the excerpt below. However, limitations were evident and Lebo received feedback from the supervisor (the supervisor’s comments are presented in italics, a different colour font and strikethrough) who encouraged her through questions to think through some of the statements:

Summary of Assessment Methods: Asset and problem list

DSM IV-R	PERFORMANCE COMPONENT PROBLEMS	AIMS (EXAMPLES)	ASSETS
AXIS I : Bipolar Mood Disorder- Mania	• **Behaviour & psychomotor activity** Aggression , Agitation • **Mood feelings and affect** Euthymic mood, Irritable mood	To calm client down when feeling agitated by other patient and draw him to his feelings ~~When client is irritable, I would like to draw him to his underlying feeling so that he my understand the source of his feeling and how to deal with them~~ *Think about this*	Client is aware of his anger and knows how to control it at times, and has attended anger management classes which have helped him. Same as above.

Similarly to her presentation of problems and assets list in the physical block, Lebo attempted to make use of the social language for mental health practice.

4.2.5. Planning intervention

Lebo spoke openly about experiencing challenges with formulating goals in both the physical and the mental health blocks. For the physical placement, she attributed her difficulties to limited knowledge. Despite not receiving feedback on her written work, Lebo mentioned that she received some guidance from her supervisor on how to plan sessions for certain goals. In the mental health block she again cited herself as the source of her struggles; not following the OT process, thereby not using assessments

to inform goals. In addition, she described the process of drawing goals for a patient with multiple diagnoses as complex. With practise she noted an improvement in planning intervention.

Using theory and context specific knowledge to guide the plan

In the interview focusing on the physical block, Lebo noted that during the block she began to appreciate the role of prior knowledge gained over the first and second years of enrolment in the occupational therapy programme. She said she "had to think back and say yoh! This is what it means or this is why it was relevant and this is where you actually use it." However, she spoke of her struggles with integrating information from various sources. This could suggest that the relevance of content may not have been signalled when it was taught and/or that explicit links across courses were not made. It could also be that Lebo missed the cues provided in her lectures about synthesis and transfer of knowledge; hence she only began to realise the relevance and meaning of some of the 'meta-knowledge' (Gee, 1990) she gained over the years in practice learning.

Lebo believed that she needed to "use all" information acquired from across the years when engaging with a patient and in her opinion this was "a lot to do." This could indicate possible difficulties in selecting the most relevant theories for a particular situation. Recognition of current information in relation to previously acquired 'meta-knowledge' (Gee, 1990), recall, selection, organisation, recontextualisation and integration of this meta-knowledge seem to be important processes for mastery of using theory in practice.

Lebo expressed uncertainty about the place for personal knowledge in practice education discourse; her perception was that the discourse could not accommodate use of own knowledge. However, she "realised that you're not only an OT, but you're an OT plus yourself and you bring yourself into practise… with that you've got OT to support you." These mixed feelings could be indicative of a tension she was experiencing. The shift in perspective to acknowledge usefulness of personal knowledge when supported by theory perhaps shows her embracing the occupational therapy view of using self as a therapeutic agent. Lebo seemed to realise that in

practice education, theoretical knowledge is valued and privileged over personal knowledge.

Similarly to formulating goals, Lebo encountered difficulties with using OT practice models in both placements. The various models explain the relationship between the person, occupation and environment (Joosten, 2015), but they differ in how the relationship is articulated. Students are expected to explain this relationship with reference to their service users in context using one model that best suits the situation. The process of selecting a model is part of developing clinical reasoning skills. However, sometimes the clinician and supervisors limit access to this opportunity by pre-determining models for students. For instance, in the physical block, Lebo stated that “they [supervisor and clinician] were like in physical you have to use the EHP model.” However, Lebo indicated she strongly felt that a different model was more suited for her patient, therefore she decided to it, but “at the end they [supervisor and clinician] were **very** critical about it.” She also acknowledged that she had used a depiction of another conceptual model when framing the patient using her choice of model. This highlights limited understanding of the use of the practice models and limited knowledge of the models because, although fundamentally they share focus, the assumptions differ.

Although Lebo’s experience of framing the patient using the model in the mental health placement was different compared to the physical, she still encountered difficulties in mastery of this literacy. She recalled feedback from the clinician that instead of first presenting the model and then referring to the patient, she should rather use the model to present the patient. For the final demonstration, Lebo mentioned that she incorporated the feedback and in her opinion she did “better.” The clinician’s feedback seems to have directed access to social goods: knowledge that Lebo could have used to improve in her second attempt.

Formulating principles

For the physical block, Lebo did not include theory-based principles in her logs, whereas, in the mental health block, which was her third block she included them. However, she did not reference the sources. Despite including theory based principles,

challenges in the ability to interpret and apply them were evident. She presented the principles as follows in one of her logs from the mental health block:

> Principles:
>
> Focus on observable actions
>
> Provide objective feedback by mirroring or modelling *how are you gong to do this*
>
> Provide reinforcement that shapes functional behaviour*? how*
>
> Confront dysfunctional behaviour with negative reinforcement *? how what is negative reinforcement in this case?*

Lebo copied the principles directly from the source without further indication of how she intended to implement them in her planned intervention. According to the feedback from the supervisor (the supervisor's comments are presented in italics, a different colour font and questions), the need to articulate how the principles will be implemented was made significant through repetition of the "how" question. The supervisor cued her on how to produce knowledge as expected.

In addition, in the log Lebo only included principles that already existed and she omitted principles that she had to formulate from practice models and other theories. This could indicate that Lebo perhaps did not know how to formulate principles. However, she thought she did not encounter challenges in this sub-activity as she used the patient's diagnosis to select principles from the frames of reference that she had been taught. The next step in planning intervention is to select activities to use in the intervention.

Selecting activities for intervention

In the physical setting, Lebo indicated that she selected activities based on the goal she had for intervention and she acknowledged using exercises rather than functional activities. For instance, she remembered using an activity where the patient was picking up random objects with the aim of improving grip and the supervisor asking: "Why are you picking up objects with the client, for what reason?" To demonstrate the reasoning applied, she recalled the supervisor's comment: "Pick up the pen, why would I make an activity to pick up a pen, to do what, to write, so she was like exactly, so why would you pick up objects with a client?" This modelled reasoning perhaps shifted in Lebo's thinking; in her reflection she suggested other objects she could have

used like matches, because the patient wanted to be able to pick up a match to light a cigarette, instead of using random objects like needles.

For the mental health placement she spoke of choosing activities for treatment based on the patient's interests and diagnosis. However, similar to the experience in the physical placement, Lebo recounted a session where she used an activity that the clinician regarded as not meaningful to the patient. She recalled the clinician asking: "But what could you have done, like you could have done something more meaningful." She seems to have received similar feedback in two different blocks, which suggests that she had not learned how to select appropriate activities and analyse them for suitability to meet intervention goals. Through questions, the clinician and supervisor directed her towards thinking in a way that would enable attainment of 'social goods' (Gee, 1990). Questions are often used in occupational therapy to promote development of 'clinical reasoning' (Mattingly, 1991).

Documenting the plan

According to Lebo, the experience of producing the different professional genres in the physical block was challenging, particularly the planning log. Producing this genre was "a lot of work" and she did not know what the supervisor expected, as it was her first block. By foregrounding that it was her first block, Lebo seemed to position herself as a novice, therefore justifying not knowing. This positioning establishes a connection and highlights a contradiction with another conversation during the interview where she preferred not being perceived as "stupid" when she showed that she did not have certain knowledge. Lebo indicated that during the physical block she had to approach her supervisor "a number of times" to request guidance and this was helpful.

In addition to the supervisor, Lebo reported requesting other students' written logs to use as a point of reference, because she did not receive feedback on her logs from her supervisor. In this way, she exercised agency directing her own learning. She asserted that with practise she perceived herself as having improved. Her experience was similar for the mental health block, but the supervisor provided guidance and written feedback. She highlighted that learning to write the logs in the preferred way

was a process and she improved her writing by incorporating feedback. Practise is important for gaining fluency in producing the genre as required.

Another challenging genre that she encountered was the case story for the physical block. She attributed this to not knowing how to write a case story and the absence of an example of a case story, thereby naming the occupational therapy division and herself as sources of the difficulties. Like the other participants, Lebo seemed to conflate lack of awareness of the requirements with her cognitive abilities. To overcome this challenge, Lebo approached her supervisors. She also added that “all” students had the same problem with the case story in the physical domain. By making this statement, she sought to establish solidarity with other students in her struggle and this is nested in the background of maintaining her status as knowledgeable and not stupid. For the mental health placement, she reported enjoying the process of writing a case story as it was “easy,” because she had spent time with the patient, therefore was able to gain the relevant information needed to produce a case story.

Producing professional genre

Lebo valued producing the professional genres as she noted that through writing she could make connections between her reasoning and actions. She added that “written work is important for not only documentation purposes, for legal purposes as well and it’s actually a way for you to record your progress throughout.” She also found writing useful, because according to her, she learned through writing.

Planning log in Physical Health block

In the planning log that was completed early in the block, given the date of the log (the log was not labelled like the others in terms of which week it was), Lebo attempted to handle features of the log including relevant sub-headings that make up the components of the log. However, she omitted specific theory informed principles that support planned actions. This omission could indicate limitations in knowledge of content that support her planned actions. This is not surprising, given that Lebo openly expressed her experience of frustration with managing and integrating acquired knowledge during this block. She repeated this omission for logs for weeks 3 and 5.

Across the logs, Lebo adopted different styles for introducing the patient. In the logs for weeks 1-3 she presented information about the patient, but difficulties in selecting and presenting information that would inform a planned intervention were evident. In week 4, she included a problems and assets list in the brief background. Lebo used headings such as “who” and “what” when introducing the patient. This perhaps was an attempt to manage presentation of information she had obtained from the patient or she could have adopted a style that was used by one of her fellow students whose logs she was using to “mark” her own.

Lebo showed little success in employing the appropriate language conventions for presenting principles and intervention goals. This difficulty manifested as poor handling of features of principles and aims, as well as omission of some types of principles. When presenting principles, she alternated between having handling principles only and drawing principles from other knowledge bases, even though she did not draw principles for some important aspects such as the change modalities she was adopting during intervention. Lebo, drew some principles from theory, such as the occupational therapy practice models, but disparities were apparent in her understanding of content and ability to apply principles to her planned action. This signals a theory-practice gap. For example, she cited a principle drawn from an intervention strategy proposed by the Ecology of Human Performance Model (Dunn et al, 1994). The strategy is stated as follows:

> The first therapeutic intervention is to establish or restore the person’s skills and abilities. In this category, the occupational therapist identifies the person’s skills and the barriers to performance and designs interventions that improve the person’s skills and abilities (Dunn et al, 1994, p. 603).

Lebo formulated the following principle from this strategy:

- Establish/ Restore: Establish new skills of working around the oedema such as wound management before engaging in an activity, client needs to be taught about precautions, such as wearing socks or bandages to protect the wound.

This principle does not foreground the occupational performance related skills and abilities she intended to improve. Although the intention to provide information on wound management is appropriate, the principle drawn was not suitable. She could have drawn from existing practice principles that guide management of oedema and

wounds. The challenge seems to relate to identification of appropriate theory to guide intervention given the patient's needs, and interpreting and applying that theory.

Challenges with formulating goals were evident as she stated in the interview. Lebo struggled to differentiate between types of goals: the long term, main goal, which she consistently refers to as the medium term and short term goals. Even though it seems a minor discrepancy, it could indicate some difficulty in paying attention to detail that was coupled with lack of feedback and guidance from the supervisor. Limitations in knowledge of features of the different goals could have resulted in inability to use the appropriate language conventions. For example, Lebo uses an informal personal tone:

> In the amount of time I have with M.G., I would like to see his sensation improving in his left forearm and arm, his tactile and sensory awareness in particular (Planning Log Week 3).

The use of "I" could signal struggles with confidence in deploying disciplinary sign systems and knowledge. Although, she specified the expected outcome, the goal lacked other features, such as measurability and being time bound. However, despite not receiving feedback on her written work, signs of improvement are visible from one week to the next, which supports statements made during the interview that she marked her own work using other students' logs. For example, her presentation of the patient's background became more concise and focused on highlighting the needs. In the log for week 4 she added the time element to the goals, but limitations in constructing goals were still apparent.

The choice of activities presented in the logs was also consistent with information obtained from the interview. She tried different ways of presenting the activity; in one of the logs she included a depiction of how the environment would be structured during the activity. However, she did not provide rationale for the structure and choice of activities, including the steps and duration of each step. Omission of such details suggests that perhaps Lebo did not do an activity analysis. However, she demonstrated knowledge of the condition and the relevant modality when planning the warm-up part of the activity. For instance, for one of the patients who had a stroke, Lebo planned to do preparation for movement using relevant techniques such as "bridging, scapular mobilisation and weight bearing" (Planning Log, Week 5).

Planning log for the mental health block

Lebo provided only one planning log for the mental health placement therefore progress across logs could not be established.

Similar to the planning log for the physical health block, Lebo used headings to organise information as expected, but limitations were evident in handling the features and content of each of the headings. When presenting a brief background of the service user, Lebo did not present the patient's needs, therefore relevance of aims and appropriateness of intervention could not be determined. This was consistent with her statement that she struggled to draw aims due to not following the occupational therapy process. However, the supervisor did not comment on this omission.

Lebo referred to the main aim as the main term goal as she did for the physical logs. Due to poor handling of features of aims, she did not employ the appropriate language conventions as in the physical log where she stated what she "would like to see or work on" with the patient. For example, for the long term aim, she stated:

> In two years from now, ~~*I would like to see*~~ MV who is a father and a motivated worker, *will be successfully living at Salvation army and working as a……. name it or name ideas , not vague concepts* to be at a placement that he is currently awaiting – Salvation Army and for him to have a stable job either as a cleaner or any suitable job for his interests and skills.

In the feedback, the supervisor modelled appropriate conventions and cues (presented in italics, different colour font and strikethrough) for more detail and focus.

In the interview she stated that her choice of principles was guided by the patient's diagnosis, but in the logs she only included principles from frames of reference and not diagnosis related general practice principles. Even though she included principles from the frames of reference, she did not cite the source or state how she would apply the principles to her specific session, showing limited integration of theory. The supervisor then uses question to encourage her to think about application:

> Principles: - Provide objective feedback by mirroring or modelling *how are you going to do this*
>
> - Confront dysfunctional behaviour with negative reinforcement *?how what is negative reinforcement in this case?*

As for choice of activity, Lebo selected an activity that was relevant for the patient, but the rationale for the activity was not theory-based. This kind of rationale is preferred for supporting choice of activity. This kind of rationale gives students an opportunity to use theory to guide their thinking and plan of intervention, thereby facilitating use of theory in practice.

Due to the absence of a clear indication of the patient's needs, the grading principles and precautions included could not be related to the patient. In summary, overall there was consistency between Lebo's account of her experiences of producing the genre and the evidence in the logs. Difficulties that she articulated were evident in the written work, and the challenges mainly manifest as omissions as well as some misappropriation of theory. Lebo had similar experiences for the first and the third blocks. This could be due to inexperience in producing genre for the first blocks of the practice domains. The similarity is perhaps an indication of limited transfer of skills across practice domains.

Limitations in handling features of the genre could signal limited knowledge of the features and content which results in poor use of language conventions. Although there were some improvements in constructing some components of the log, discrepancies and gaps were evident. Poor theory application manifests as copying and pasting information from the source without much interpretation.

4.2.6. Implementation of intervention

Lebo highlighted tensions she encountered during the physical block, where different ways of doing and knowing conflicted, particularly the difference between classroom and the real world "studying this science in an institution you know like where it's a very closed environment and then you go to the communities and you find oh, actually this doesn't apply." Putting emphasis on the concept of a closed environment could be Lebo's way of making environment significant in this situation.

The ways of doing on site seemed to have been different from how she was taught in the classroom. She recounted a session in which she was using scapula mobilisation

technique, the clinician gave instructions that were different from how she was taught and she was at a loss as to which instructions to follow. Her strategy to navigating this disjuncture was to identify the rationale behind the different approaches, thereby applying clinical reasoning to decide on which approach best suited her patient; “I had to figure out ok if a client is hypertensive, if they can’t breathe, they’ve got chest pains and stuff, obviously you can’t lie them flat so then I had to consider things like compensatory mechanisms how I would do that.” By indicating that she had to consider the patient’s other physical conditions, such as hypertension, and use that information to decide on whether to perform scapula mobilisation with the patient lying flat or not, she was applying clinical reasoning, in particular procedural reasoning. Fleming (1991) defines procedural reasoning as a mode of thinking used by a therapist to determine the most appropriate intervention given the client’s diagnosis. She reported making a decision based on her knowledge of the patient, thereby exercising agency.

In the mental health block, her struggles with implementing intervention were not situated in different ways of knowing, but in a tension between personal values and OT values. She recounted an incident where she did not use handling principles when engaging with an older male patient who was diagnosed with a narcissistic personality disorder. Although applying handling principles with service users with this diagnosis can be challenging, especially for students, she cited a conflict in value systems as the source of her difficulties: “In my culture you need to show respect to older people.” Thus she found it difficult to “order him around” or exercise control. Lebo acknowledged that she let the patient re-appropriate power and direct the session.

4.2.7. Evaluation of intervention

Evaluating intervention was a challenge for Lebo in both the physical and the mental health placements. She highlighted losing marks in both placements, because of the inability to evaluate as expected after the demonstration. She referenced lack of practise as the source of her difficulties in performing this activity. Lebo indicated that for both blocks, the informal demonstration did not adequately prepare her for conducting an evaluation and the structure of the final demonstration was different from the informal demonstration.

Lebo foregrounded the connection between losing marks and not getting an opportunity to practise how to evaluate as expected, therefore making these factors significant. Being able to evaluate intervention had an impact on access to social goods: the marks. For the mental health placement, Lebo recalled being unable to respond to questions during the evaluation, which the supervisor interpreted as Lebo "not paying attention to the client" during the intervention. According to Lebo "this really cost her marks." Like Unathi, she disclosed that she still had difficulties reflecting-in action, despite being in practice learning for three blocks. During evaluation the supervisor and clinician ask questions to encourage the student to articulate their knowledge and demonstrate reasoning. Through questions, the clinician and supervisor direct access to social goods. However, Lebo highlighted that she could not respond to the questions. This could be indicative of her limitations in 'meta-knowledge' (Gee, 1990) and how to evaluate.

Summary

Lebo's account, illuminates the role of 'investment' (Norton, 1995) in learning, highlighting how attitude could result in a split investment in aspects of a curriculum. This attitude had an impact on how she engaged in learning processes in the two practice domains. Beyond her investment in learning, her investment in occupational therapy as a profession was motivated by her view of the profession as guaranteeing sustainable employment and therefore not envisioning herself actually working as a clinical occupational therapy.

High marks were 'social goods' (Gee, 1990) that Lebo valued the most and she devised strategies to enable attainment of these social goods. Lebo had to negotiate the curriculum, relationships and own positioning to gaining access to these goods. Some of the strategies she employed were in contradiction with this quest, but more aligned to preserving a particular status. Renegotiating this contradiction, Lebo decided to refocus on the marks, therefore working hard at meeting the curriculum expectations. However, limitations in successfully navigating the discourse expectations were evident and this resulted in attainment of marks that she was not satisfied with, even though she passed.

4.3. Tiyiselani

4.3.1. Background

Tiyiselani grew up in a closely knit extended family in a village where her grandfather was chief. The family structure was intergenerational with the grandparents, her mother, aunts, uncles and the children living together. She was raised by her maternal family, because her parents separated when she was about ten or eleven years old. Despite her parents' divorce, Tiyiselani maintained a relationship with her father. She was the eldest of a family of three; a brother who lived with her father and a sister that lived with her mother. Tiyiselani's mother and uncle had moved out of the royal homestead and were living independently with their children. Both parents obtained university qualifications. Her mother was a high school teacher and her father was a Human Resources manager. At home Tiyiselani and her family spoke Tsonga and Sepedi, as they resided in a community that predominantly spoke Sepedi.

From the interviews, I discerned that Tiyiselani was driven, dedicated and proactive in her approach to learning. She attributed development of these qualities to experiences in various leadership roles in schools and organisations in her community. One of the most significant achievements of her leadership trajectory was "directing a leadership course" for one of the organisations on three occasions. She added that being a leader was an expectation that the community had of her family members, because of their royalty status.

Career choice and investment in OT

Since, high school she wanted to become a health professional. Her first choice of study was medicine and occupational therapy was second, even though she initially did not know much about it. She learned more about OT from a friend who was studying OT and "was very excited about it." In addition, her father sourced some information from "a friend that worked at MEDUNSA" (currently known as Sefako Makgatho University).

Tiyiselani was unique compared to the other participants in that she still wanted to become an occupational therapist, whereas the others were apprehensive. Her view

of the OT programme was that “third year makes more sense than first year and second year,” because “you get to understand what your role is as an OT” and she found this “exciting.” The most exciting part according to her was the realisation that obtaining an occupational therapy qualification aligned with her desire to serve rural communities. The congruence between her ‘imagined community’ (Anderson, 1991) and her future plans could have strengthened Tiyiselani’s commitment to learning. She was also more aware of and excited about her developing occupational therapy identity.

4.3.2. Context

The section outlines the contexts that Tiyiselani was assigned for the first and third blocks of practice learning.

The physical domain setting

Tiyiselani was assigned to the Hands Clinic of a tertiary hospital. The patients were predominantly outpatients referred from other hospitals and community health centres. As outpatients, they received intervention on a less regular basis and the turnover rate was high. Tiyiselani highlighted that attendance fluctuated and sometimes sessions would be planned for patients who failed to attend. Despite this, the therapists worked under immense pressure due to the high therapist-patient ratio as a result of shortage of qualified occupational therapists. She recalled her first impression of the clinic: “it was so full, the space is so small and there is a physio and an OT… it was **so** full of patients outside.” This highlights working conditions in some public health facilities.

The participants seem to have had similar feelings and reasons for anxiety at the beginning of the block; not knowing what to expect or do. In addition to not knowing what to expect, Tiyiselani and Lebo were both anxious due to self-imposed expectations. Tiyiselani remarked; “I thought maybe they wanted us to come there knowing everything.” She also acknowledged feeling anxious about working with her supervisor and clinician. However, after meeting with them she realised that she could “work well” with them.

Despite her initial anxiety and sense of being overwhelmed, Tiyiselani spoke of having an overall "great experience at the block." She attributed this to both the clinician and the supervisor that she referred to as "great." Apparently the clinician was available and open to assisting "at all times" and both the clinician and supervisor met with her for extra tutorial sessions after block (during self-study times). In the reflective journal, she acknowledged the clinician and supervisor for "going the extra mile" (Reflective Journal, 2013) and guiding her learning in practice. She also cited her friends as being helpful, because

> [they] had a great support system for each other… [she] knew [she] could talk to someone (student) if [she] had to get clarity about the logs (Tiyiselani, Reflective Journal, 2013).

Tiyiselani is the only participant that had this experience.

However, she acknowledged initially hating the block because in the first week she was "just sitting there and observing everything [the] clinician was doing." She thought this would be for the duration of the block; "I thought maybe I wasn't learning anything." In the second week she was allocated patients and she started working as part of the multidisciplinary team. This highlights a tension, where Tiyiselani admitted that she felt underprepared for the block, but was impatient with the process of acquiring knowledge through observation.

The mental health domain site

For the mental health domain block, Tiyiselani was assigned to an in-patient private psychiatric clinic. She repeatedly referred to the institution as "fancy" and only accessible to those with medical insurance or those who could afford the services. She also indicated that the place was well resourced, both materially and in terms of human resources.

Similarly to her experience in the first physical block, she acknowledged her anxieties going into the first mental health block: "I went there not knowing what I was gonna do and how I was gonna do it." She attributed her limitations in knowledge to "a shift from physical to mental health." However, she was aware of an improvement in her abilities by the end of the block. This could be attributed to her overall impression that in mental

health it was difficult to tell whether one was proficient or not, because there were ceilings and marks were not consistent with the feedback given.

> Like they will tell how well you did, how you did this well... and then they give you whatever they give you, but it's fine for a mental health block. Because I think you can't go higher than whatever they give you. Because people say if you get a 50 for mental health then you did so well... so I don't know.

This highlights a tension experienced with assessment of performance in mental health practice sites.

In relation to her impression of her clinician and supervisor in this block, Tiyiselani remarked that "my clinician was fine, she was helping… my supervisor was okay as well, but I feel she expected more from us than… usually you should expect at a first block." This quotation illustrates Tiyiselani's disapproval of the supervisor's expectations and establishes a connection with her view of mental health as elusive. She also points to a disjuncture between what she regarded as fair expectations for a first block and what the supervisor deemed reasonable.

Overall, Tiyiselani expressed that mental health practice was "draining emotionally and physically and mentally…" Her strategy was to network and obtain support by "chatting to friends and people from other placements" and talking to her mother on a daily basis. Tiyiselani also highlighted her abilities to manage both her stress and time as instrumental for successful attainment of educational outcomes for this block.

4.3.3. Negotiating relationships

When negotiating relationships with patients in mental health practice, Tiyiselani indicated that she communicated with her patients in English and Xhosa. She added that "it was easier to run groups than individual sessions" because, "some of the patients just made me nervous." Her anxiety around the patients was influenced by her perception of the unpredictable behaviour of people with mental illnesses that "you never know if what you say to the person is gonna make them act out or do something." This comment established a connection with a more macro issue related to society's beliefs and misconceptions about the behaviour of people with psychiatric illnesses.

Tiyiselani stated that “sometimes you had to draw from like general knowledge to try to understand your client more.” Unlike Lebo, she was confident of the role of personal knowledge in occupational therapy practice education. However, similarly to Lebo and Unathi, she felt that “[trying] to use our OT jargon during session with clients makes it more difficult for them to understand what you want them to do.” These excerpts show her agency; making the decision to draw on personal knowledge to build a relationship with the service users and also deciding when and when not to use occupational therapy jargon. She made the role of personal knowledge significant when she said “the most important thing like they always say is building that trust between you and your client and then you need to show that you understand where they come from and who they are… and their expectation(s).” This excerpt establishes a connection with another statement where she reiterated the importance of knowing the patient well, when doing intervention, because appropriate handling principles can be chosen and applied. She also referenced some of values she was brought up with as important for the process of building relationships with service users, for instance, respecting elders and doing what you are told. Tiyiselani seems to have drawn from her ‘primary discourse’ (Gee, 1990) to inform her reasoning and actions when building rapport with the service users.

Another similarity to other participants was being multilingual and finding this a useful resource for establishing relationships with service users. Like the other participants, she indicated inability to use OT terminology with the patients, as she personally was still in the process of making sense of it. She added that this was more complex when she had to use a language other than English.

4.3.4. Conducting Assessments

Tiyiselani recounted the first two weeks in the physical block she “did not know what to do and how” to do what was required, which included conducting assessments. She referenced “lack of knowledge and practical exposure” as sources of her difficulties, as a result of having “only one lecture on Hands” prior to starting the block, therefore she felt unprepared. She also admitted that as a class they were introduced to assessments in the previous year, but, there was not “much time to practise” doing assessments.

Tiyiselani indicated that an opportunity was created for her to practise conducting assessments on site for the first two weeks, which was different from the experience of the other participants. She added that during the extra tutorials after block, the clinician and supervisor demonstrated “how to do assessments correctly.” She also observed the clinician in sessions with service users and “that really helped.” Referring to this approach as “helpful,” was significant as she described herself as “learning better through reading and observing” thereby establishing a connection between the teaching approach and her preferred learning style. Through this approach, the supervisor and clinician directed access to ‘social goods’ (Gee, 1990); knowledge of conducting assessments in the preferred way.

In the mental health block, Tiyiselani commented that she was confident in performing the mental status examination, because she had been exposed to it in the previous year and had had time to practise it. Practising doing assessments over time seems to facilitate acquisition of skills in conducting them.

4.3.5. Planning intervention

Using theory in practice

During the interview she named ‘meta- knowledge’ (Gee, 1990) that she considered important for a Hands Therapy placement: “different treatment modalities needed for different diagnoses, the pathologies and whether you needed to improve the patient’s condition or just prevent further injuries.” As indicated, she had limited input on Hand Therapy, so to address her knowledge limitations, her supervisor referred her to a book in the library and the clinician gave her some books and articles to read. The clinician and supervisor seemed to take for granted that Tiyiselani would understand and interpret the texts and be able to use relevant knowledge in context in the preferred way. The participant demonstrated agency and understanding of being responsible for own learning, by acting on recommendations and reading to supplement limited knowledge.

Using the occupational therapy practice models

For the physical placement, Tiyiselani indicated that she used the 'EHP model' (Dunn, et al., 1994), because the EHP strategies "made more sense" for her patient and she only used those that were relevant. This was a model that her supervisor had recommended. By recommending a particular conceptual model, it could be assumed that students would most likely use this model as they considered the supervisor as the expert, therefore more knowledgeable than them.

Tiyiselani asserted that she understood theory better "through applying it." She named some of the prerequisites for using theory in practice; "it's very important to understand what the theory means and what it requires, because if you don't understand and then obviously you can't apply something that you don't know what it's about." This statement established a connection with a comment she made about understanding EHP, therefore finding it easier to apply. Tiyiselani, seemed to have mastered some of the skills required for using theory, being able to select the most relevant theory and applying it.

In the mental health placement Tiyiselani spoke of using the Model of Creative Ability (de Witt, 2005) that she had used in the previous site, along with frames of references. However, she protested that, although the theory made sense, it "was long and complicated." Tiyiselani highlights transference of knowledge from one block to another. She also added that she felt comfortable using OT theory and terminology when required as she understood the theory "much better". She showed confidence in her ability to deploy knowledge and sign systems relevant to the discourse.

Formulating goals

Another literacy sub-activity that she was confident in executing was formulating goals in the physical block, because she attended tutorials focusing on this sub-activity. However, she drew attention to the first week where she "had to submit [a log] that Friday and then we didn't know [how to formulate goals] we didn't have tuts, we were only gonna have tuts that Monday after submission, so that's why we just… decided to use the other guideline, coz they had it." There seems to have been a tension between the supervisor's requirements to submit the log and the timing for providing guidance on how to formulate goals. Tiyiselani showed agency by devising a strategy

to meet the deadline and using guidelines that other students on site were given by their supervisors as her own supervisor had not provided one. She commented that her supervisor "was happy" with how she wrote the log, so she "did not need to change much after the tutorial" and she also sourced guidance from the clinician.

Drawing principles

During the interview and in her written work, Tiyiselani demonstrated knowledge of sources to draw principles from for both the physical and mental health practice sites. In addition she highlighted using general practice principles (GPPs) in the physical placement, although these were only made available in week three of the block. This again highlights a tension in timing, as the principles are needed from the beginning of the block.

For the mental health placement, she alluded to not only knowing sources of principles, but being able to adapt them, making them relevant to the patient's situation, unlike other students. She recalled the supervisor giving feedback to another student about "not just copying and pasting principles" from sources without making them specific to the situation. Tiyiselani attempted to position herself as different from the other student, in a way conveying her knowledge and ability to meet expectations.

Nevertheless, she recounted a tension she encountered between theory and practice when she was in the mental health setting.

> Although theory could suggest that ok this is what you do uh for specific diagnosis, it's different from individual to individual, so you had to like understand the person and get to build that trust in order for you to be able to handle them more.

To emphasise the importance of building trust as a precursor for successful application of handling principles in mental health practice, she referred to a situation during her final demonstration. She had a new patient for this session and she disclosed that she struggled to apply handling principles as she did not know the patient well and was "scared of what the she might do." Tiyiselani described her approach to learning in practice as systematic; after the initial meeting with the patient, she would "read up" on the patient's diagnosis to try and understand the patient and then planning how to work with the patient. She seems to have been in control of her learning process and proactive in her approach.

Selecting Activities

For the physical placement, Tiyiselani described her process of selecting activities for intervention as “easy,” because it was guided by the patient’s diagnosis preference of activities and the goal for treatment. However, she clarified that “for some patients it was easy, coz you talk to them and then they tell you what they like doing and then you see if that can work to achieve your goal or not, but then for other people it’s not that easy.” Tiyiselani indicated that sometimes there would be a misfit between the activity and the goal, due to limited information from the patients or her own assumptions about the goodness-of-fit. She positioned herself as knowledgeable and reflective about how to select suitable activities.

For the mental health placement, her experience of this sub-activity was different, she indicating that “it was very difficult, coz you need to like choose something that will match the client, but once you know the client it wasn’t that difficult I guess.” This again confirmed a belief she articulated across the interviews about the importance of knowing the patient well.

Documenting the plan

Documenting the intervention plan concludes the activity of planning intervention. During the first interview Tiyiselani noted that writing “gives you like a clear direction where you’re going with your client. So the more you write the better your thinking and reasoning also improve.” However, despite this view, she disclosed that documenting during physical block was “very overwhelming;” it was “a lot of paperwork.” This was because other than the documents required by the university, students also had to write patient progress notes (which were required by the site). She added that “it’s your first block, you don’t know whether the way you write is how they want you to write.” This excerpt highlights two issues. Firstly, that she was aware that there was a preferred way of writing. Secondly it illuminates the subjective nature of evaluation of performance in the practice context. Her strategy for resolving this uncertainty was seeking guidance from the clinician on how to produce professional genres. In turn she was given access to old OT notes to use as a reference. With time, she recognised an improvement in her writing.

Although she seems to have mastered production of the professional genres, she strongly voiced her dislike of typing (word processing), because “that’s just a lot… thing is we typed out every day.” This highlights a taken-for-granted skill that also impacted the process of production. Tiyiselani made her view regarding typing significant by repeating this in the second interview, although she acknowledged that her experience of producing genre was different during the mental health block. She stated that she did not feel overwhelmed by writing as her writing had improved as compared to when she was in the first block. She added that writing the patient notes “wasn’t as complicated as physical health.”

Another genre that Tiyiselani had to produce was the learner’s log. She recalled learning how to write a reflection in first year and now in third year “it wasn’t very different it’s just that you needed to go deeper and reflect more. And because it was like reflection together with your learning, so you just typed out everything together. Ja reflections always take long.” She referred to devising a plan where she would capture the weekly plan on her computer on a Sunday, so that during the week she wrote evaluations and reflections only. This shows application of time management skills.

The depth of the reflection seems to have differed for the physical and mental health placements. In her view, “in mental health they want you to go deeper into the theory… So under your Captured Learning you just had to like reflect what you learned, link it to theory… which is very complicated sometimes, because sometimes there is no link.” Tiyiselani highlighted this tension by further stating that “it’s like you have to make up a link even if it’s not there.” Despite these challenges, she acknowledged the importance of writing reflections.

> You discover your strengths and weaknesses as a person and as an OT... it also like encourage you to **think** more and to think differently. Tiyiselani is unique in that she recognised the importance of writing both for personal and professional growth.

Planning log in Physical Health block

Tiyiselani organised and presented content according to the relevant headings, showing knowledge of the structure of the log. However, information presented under

the heading choice/selection of assessment in the physical assessment logs did not align with the heading. The selected assessment was named as part of the goal, whereas it had to be stated under choice of assessment.

When introducing the patient, Tiyiselani adhered to the ethical principles of maintaining anonymity, as Lebo did. She did not include a problems and assets list, but stated some of the problems that the patient had. However, she focused on one occupational performance area and omitted details of the range of the problems, which was consistent with the absent functional problem list. This could indicate limited confidence and knowledge in briefly presenting information, but still painting a holistic picture of the patient's needs. Tiyiselani attempted to use the relevant symbols and disciplinary social language demonstrating some knowledge of occupational therapy content relevant for physical practice. For example, she captured one of the patient's diagnosis as "left forearm below the elbow amputation (BEA) and right hand degloving."

She used appropriate language conventions across the different components of the log. For example, presentation of the goals and the principles adhered to the features and conventions: the goal starting with 'to' and for principles with 'by'. The goals were time orientated and realistic, but there were inconsistencies in adhering to the other features of a goal, such as specificity, measurability and being attainability. For instance, she presented this goal for one of her sessions.

> Goal: To encourage the use of hand grasp (key and pincer) in a functional activity so that by the 45 minutes the client will be able to grasp objects effectively.

In this goal she did not specify the functional activity she was referring to, highlighting limitations in specificity. She also did not include how she would measure improvement and the supervisor pointed to this when giving feedback. Despite the discrepancies, she made a good attempt at drawing goals as expected. This could support her statement in the interview that she did not experience difficulties with formulating goals.

By the third planning log, the goals became more concise and specific with time orientation and focused on function. However, without a problems and assets list, Tiyiselani did not draw the full range of goals as expected. In all her logs she presented

two types of goals: the “goal” and the sub-goals. She omitted the long term, main and short term. This could have been site specific requirements, hence the supervisor did not comment on the omission.

There was alignment between the goal and the activity, which supported her statement regarding choice of activities. For instance, for Miss P, a patient who was a seamstress prior to involvement in a motor vehicle accident where she sustained an injury on both hands; a below the elbow amputation on the left hand and degloving (the skin on her right hand peeled off like she was taking off a glove) of the right hand, Tiyiselani’s goal was

> to encourage the use of hand grasp (key and pincer) in a functional activity so that by the 45 minutes the client will be able to grasp objects effectively. *Good! Is there a way of measuring her degree of improvement?*
>
> Activity: Unpacking the clothes bag and box, folding and arranging complete outfit together. Then packing and returning all the clothes to the bag and box.
>
> Rationale: The activity of packing and folding clothes will require the client to use different grasps while using her hand in the functional activity.

In the interview, Tiyiselani indicated that she employed strategies and principles drawn from the EHP model (Dunn, et al., 1994), but there was no evidence of this in the logs. Although she drew general practice principles as expected she did not reference the source and omitted other types of principles.

With reference to grading, similar to the other participants, it was evident that Tiyiselani experienced challenges presenting this section. She made a list and did not give much information on how she intended to apply the grading, which could indicate limited knowledge of what grading entails. However, across the logs, the supervisor did not comment on the grading. Perhaps given the time period of the block, the supervisor could have decided to focus on parts of the log that she regarded as more important. The precautions presented were relevant to the intervention.

In terms of feedback, the supervisor used questions to direct student on knowledge required and gave a rationale on why the information was important. The supervisor also made recommendations on tools that could be useful and instructions on future

plans, as well as gave direction on where required information could be found. This was consistent with Tiyiselani's account that the supervisor referred her to a library book. The supervisor not only named the book, but the topic that Tiyiselani was to focus on, therefore ensuring clarity of instruction.

> Have you assessed sensation? When will you commence sensory re-education? Read up on this in the Hand book (Mennen & Van Velze) or other resources you may be using.

In addition to guiding thinking and reasoning, the supervisor also praised good attempts and gave words of encouragement.

Planning log in Mental Health block

Tiyiselani's account of an improvement in writing was consistent with evidence in the log. She demonstrated knowledge of features and content of the components throughout the logs. However, discrepancies were evident in some areas. For instance, Tiyiselani showed difficulties in understanding content needed for Axis V of the DSM-IV. This challenge manifested as omission of some details, and adding "work and leisure" to the heading of this part as if these were the only areas considered in Axis V and the supervisor pointed out that this section focused on the Global Assessment of Function scale. However, she continued to present Axis V as work and leisure.

Despite this struggle, she made a good attempt at reproducing the genre from the first log. She structured the content well using headings and a table showing knowledge of content for each section, even though limitations are evident. Tiyiselani unpacked the patient's needs and indicated the importance of psychoeducation for the patient, thereby applying theory to the patient's case. The aims were time orientated and measurable and there was a relationship between the aims, except the sub-aim which did not seem to link to the sessional aim. The supervisor seemed surprised that Tiyiselani showed this level of competence. She remarked; "excellent- are these your own words?" Although, Tiyiselani's level of proficiency in use of terminology surprised the supervisor, it could be expected as she indicated in the interview that for this block, she felt more comfortable using OT theory and terminology.

With reference to the activity selected for intervention, Tiyiselani handled the features of this component well; she broke down the activity into its components and sequential

steps; the warm-up, the main activity and closure sections. She added the breakdown of how she planned to use the planned 45-minutes for the session. Although during the interview, she remarked that "it was very difficult to choose an activity that matched the client's needs," she does not seem to have struggled as evident in the logs. The supervisor's comments on her choice of activities across the logs did not reflect that she was experiencing difficulties with selection of activities. This inconsistency between what she expressed in the interview and what was evident in the logs could suggest limited confidence in her abilities, because, as she described in the interview, it was difficult to tell how proficient she was; there were mixed messages from supervisor.

Principles specific to the diagnosis, the treatment modality, the OT practice model, handling, environment and approach to be used in the session were presented under the relevant headings. However, despite feedback on adding references, Tiyiselani omitted them. She commented that she adapted the principles to the patient's situation rather than just copying and pasting and this was evident in the logs.

For grading, Tiyiselani considered the different aspects of the session; she commented on grading specific to the duration of the session, handling principles and the activity. This could signal ability in handling features of the genre and knowledge of the content that enabled use of appropriate language conventions for each component of the log.

Similar to the approach of the supervisor in the physical setting, the supervisor in the mental health setting used questions to direct Tiyiselani to pertinent information that was needed or to encourage deeper thinking and reasoning. The supervisor also provided direction on how to present information using one of the frameworks. For instance, Tiyiselani indicated that for the main aim, (which she referred to as the main term aim) she planned to work with the patient on the following lifeskills: "anger management, assertiveness training, conflict management and anxiety management." The supervisor commented;

This might be too much to cover? Rather go in to the most needed one in more details?

The question mark seems to introduce an element of flexibility, because the content is not a question, but a view. This feedback was not explicitly a question or an

instruction, but was open to interpretation. However, Tiyiselani incorporated the feedback and made relevant changes. The supervisor also gave compliments as well.

In summary, Tiyiselani seems to have gradually gained fluency in handling the features of the genres, using appropriate language conventions and demonstrating knowledge of content. There was relative consistency between her view of her proficiency articulated in the interview and evidence in the logs. Perception of her own abilities in relation to using theory in practice did not always align well with what was apparent in the log, particularly for the mental health logs.

4.3.6. Implementation of intervention

Referring to the demonstration as an example of a situation where intervention was implemented, Tiyiselani experienced the first demonstration session in the physical site as “scary, coz you didn’t know how it’s gonna be.” She recalled that, although the intervention part of the demonstration did not go well for various reasons, she received feedback that enabled her to improve and this was evident in the final demonstration.

For the mental health setting, Tiyiselani named some of the treatment modalities that she applied. She recalled one session in which she planned to use a modality that the clinician cautioned her against, as it was not appropriate for the patient. This points to the difference between theory and practice, where implementation of the modality could have required more proficiency and reasoning that could have not been apparent to Tiyiselani as she commented, “according to me I thought it was appropriate.”

Unlike her experience of the first demonstration in the physical block, Tiyiselani reported feeling prepared for the demonstration in the mental health block. However, she commented that the supervisor “jumped in throughout the session, which just made the whole thing confusing.” Tiyiselani could have chosen to use this phrase to highlight her disapproval of the supervisor’s approach. This highlights a tension where the supervisor might have thought she was helping, whereas Tiyiselani could have felt mistrusted and undermined in the presence of a patient. Tiyiselani spoke of how she wanted to give the patient time to process instructions and let the patient try to perform

the activity, but the supervisor interjected with more instructions, which according to her was “confusing for the client.”

4.3.7. Evaluation

Unlike the other participants, Tiyiselani reported not experiencing challenges with the evaluation part of the OT process as she regularly wrote evaluations after sessions. It could also be assumed that writing the learner’s log using theory to support learning, enabled her to practise evaluating using theory; therefore in the demonstration it was not new to her.

Summary

Tiyiselani was unique in that her experiences and performance in practice learning were different from the other participants; she enjoyed her placements and worked relatively well with the clinicians and supervisors. She was able to direct her own learning, take learning opportunities and ask for help. Tiyiselani was also the only participant that was invested in OT and loved it. In her reflective journal she indicated that she believed that

> the best skill to have as an OT is maintaining good interpersonal relationships with the people you work with, being firm and empathetic, and be grounded on theory to support everything you doing (Tiyiselani Reflective Journal, 2013).

Based on this belief, Tiyiselani also added that she found using theory to support actions “easy” because of her work ethic.

> I read and work hard in everything that I have to do. I put effort to ensure that my work is complete and accurate” (Tiyiselani Reflective Journal, 2013).

Conclusion

The focus of analysis was on literacy activities. Mastery of these activities led to attainment of social goods, such as knowledge, skills and status as students that passed a block. Access to the social goods was directed by experts in the occupational therapy practice education context. In recreating the practice learning situation, the participants foregrounded some issues they encountered and recognised as significant in shaping the process of learning in a practice setting. These issues were a result of an interaction between elements within the practice education context, the

participants' 'primary' and previous 'secondary discourses' (Gee, 1990) and the curriculum and its delivery across contexts.

The process of transition from theory into practice was marked by, among others, inconsistences and discontinuities in pedagogic approaches. Some clinicians and supervisors used different approaches to teaching in the same site. There were also differences in approaches among supervisors across sites and the participants indicated that this caused confusion. The difference was also attributed to relationship between the student and the clinician and supervisor; the nature of the relationship enabled or hindered access to social goods. They also noted that this relationship was influenced by values and perceptions. In addition, simultaneously assuming subject positions of student and practitioner was challenging in some instances. This process was described as a constant negotiation and re-negotiation of expectations and responsibilities. Investment in occupational therapy as a profession seems to have played an important role in the success (or not) of this process of negotiating identity as an OT apprentice.

The participants also acknowledged initially not knowing "what to do" or how to engage in practice and struggling with these to varying degrees. There was also a disjuncture between supervisor and student expectations. The participants highlighted a need for scaffolding and modelling from the supervisor. In particular, they communicated a need for guidance in the use of theory in practice and sometimes producing professional genre. However, their experiences of apprenticeship differed. They each devised strategies to navigate these tensions and contradictions that impacted the learning process and their success in the negotiation process aligned with their approach to learning.

Misalignment between the curriculum, pedagogy and assessment was also highlighted as a challenge that impacted the process of gaining mastery of the literacy practices. The informal and formal/final demonstrations were used as an example by all the participants; they expected the informal demonstration to prepare them for the final demonstration, but this was not the case.

The participants valued and used writing as a learning strategy and therefore the process of producing professional genre was perceived as important. It is commendable that they had insight into their abilities with reference to producing professional genre. They also recognised their multilingualism as a resource that they deployed efficiently to develop good therapeutic relationships with their service users. Other strategies employed in the learning process differed according to the participant.

Chapter Five: Negotiating access to the occupational therapy practice education Discourse

Gaining access to the occupational therapy practice education discourse was a complex multi-layered, multidimensional and value-laden process as experienced by the participants. This process was marked by navigation and negotiation of influences that stem from language, curriculum, pedagogy and identity as outlined in presentation of the embedded cases in Chapter 4. These influences were sources of tensions and contradictions experienced in practice learning. The experiences show the complexity of the process of gaining access to the discourse and how an interplay between contextual factors shapes student learning.

It is evident from the data that during the learning process, participants used available resources in creative ways to navigate issues as they emerged. This navigation process was the focus of this study, hence the main research question was: How do African language speakers negotiate practice education delivered in English and develop professional competencies in a curriculum such as Occupational Therapy? The research established that African language speakers tend to re-enact primary and previous secondary discourses when developing relationships, particularly with service users. They also constructed meaning through a process of trial-and-error, while negotiating and re-negotiating available and/or assigned subject positions. This chapter presents these strategies as themes and categories as outlined below;

Table 5.1: Themes and categories

Theme	**Categories**
Enacting primary and previous secondary discourses	a. Drawing on home discourses when developing relationships b. Repurposing historic learning approaches c. Deploying home language resources

Negotiating and re-negotiating identities	a. Conforming to or resisting expected subject positions b. Straddling subject positions
Discovering curriculum expectations through trial-and-error	a. Decoding classroom discourse and applying it in practice b. (Re)producing professional genres

5.1. Enacting primary and previous secondary discourses

In the practice education context, relationships are fundamental to teaching and learning processes. In this context, students interact with people in need of occupational therapy services and sometimes their relatives, the supervisor, the clinician, fellow students and other personnel on site. Some of these staff members are part of the multi-professional team involved in the care of the service users assigned to the student; therefore to ensure their comprehensive care, professionals must interact with each other. For students, developing relationships with the multi-professional team creates an opportunity to learn from and about other professionals and their role in caring for service users.

Developing relationships is foregrounded in institutional documents like the Practice Learning Manual. The philosophy of practice learning at this university states:

> Students are expected to learn to respect the abilities and autonomy of individuals groups and community and that they will be inspired to work together with their clients and colleagues in a relationship of mutual respect, shared responsibility and co-operation (Division of Occupational Therapy, UCT, 2011, p. 9).

This statement is presented to students by the Practice Learning Coordinator during a series of lectures dedicated to preparing the students for practice learning in third year. Repetition of tenets such as *showing respect* and *working in partnership* could suggest that these are regarded as key to establishing relationships. It is therefore apparent that developing relationships characterised by these principles is a competency that students need to acquire to ensure success in practice learning. This repetition alludes to a particular kind of relationship.

The significance of developing particular kinds of relationships in practice learning is made explicit in assessment of overall student performance in the block. For example, in Form 10.7 The Practice Learning Student Performance Report (Division of Occupational Therapy, UCT, 2013) relationships and teamwork are presented as the first items on the list of areas of competence on which the student is assessed. However, it could be assumed that there is a singular shared understanding of developing relationships between students and educators, particularly tenets such as showing respect and working in collaboration with others. However, both elements are not neutral; they are embedded in discourses with particular ideologies, therefore their enactment is context specific.

The influence of discourses on developing relationships makes this competency a value laden process that entails negotiating often unarticulated discourse specific rules that govern interaction. In navigating this process, the participants seemed more inclined to draw on the norms, values and ways of thinking and being from home discourses. Relationship formation was a site of tensions and contradictions, because of the distinct difference between the participants' primary and previous secondary discourses and the discourse of practice education. Some of the strategies used by the participants to navigate these tensions were

- drawing on home discourses when establishing relationships
- repurposing historic learning approaches
- deploying home language resources

5.1.1. Drawing on home discourses when establishing relationships

The process of developing relationships is continually evaluated by supervisors throughout the block, rendering this aspect of practice education a high stakes process. The student is assessed for competence in "initiating and maintaining collegial relationships with staff, collaborative relationships with individuals, groups, community, peers and clinical educator among others" (Division of Occupational Therapy UCT, 2013, p. 2). The descriptors used for the kind of relationships that are to develop require unpacking.

Students are expected to develop a ‘collegial’ relationship with staff. However, based on the common trajectory followed by youth in South Africa of progressing from high school education level to higher education, often without a break, the majority of students would not have been exposed to the world of work or held positions that enable them to develop such skills. Reference to others as colleagues positions the student as a fellow practitioner and this subject position has role expectations that may or may not be clearly articulated to the student.

The consequences of not fulfilling role expectations could be that the student is then perceived as unprofessional which impacts the process of accessing the discourse. One supervisor commented: “Some students you get along with, but some you don’t get along with.” Another stated more explicitly; “it is easier to supervise some students than others.” These statements establish a link between relationships and their influence on the ability to facilitate access to ‘social goods’ (Gee, 1990). Needless to say, students that are perceived as not easy to supervise or get along with would likely be positioned as not competent in the areas of developing relationships.

To ensure that the curriculum meets the standards set by the different governing bodies that regulate occupational therapy education and practice, there are guidelines that regulate interactions in practice learning. The PL coordinator indicated that the student's behaviour in practice learning is guided by various policy guidelines in the form of codes of conduct, codes of ethics and healthcare principles. However, it seems taken-for-granted that by reading these policy documents and rules, students would be able to decode the language, extract meaning, reconstruct their own meaning and be able to apply knowledge in respective practice learning situations accordingly. Without ‘meta-knowledge’ (Gee, 1990) on the preferred ways of decoding these guidelines for this context, students are likely to use other resources to make sense of them. This was evident in the participants’ narratives, where they mainly drew on their primary discourses to negotiate the development of relationships. To develop relationships with service users, the clinician and supervisors they cited personal knowledge and values as guidelines. These included showing respect to elders, adhering to unspoken rules of how to conduct oneself during interaction, following instructions, maintaining distance to varying degrees, and in some instances to their own detriment.

Alongside guidelines for conduct, affective aspects of the individual played a crucial role in shaping the process of building relationships, particularly the relationship between the participants and the supervisors and clinicians. For instance, Unathi perceived one of her supervisors as unapproachable and described their relationship as uncomfortable. She acknowledged that although the supervisor and clinician made attempts to assist her in her learning process, the nature of the relationship barred her from enjoying the benefits of supported learning that were perhaps available to her. Unathi remarked: “If you are not friendly or that comfortable with your supervisor, you don’t really want to keep on asking about the same thing like the principles or I still don’t get this…” It seems Unathi’s understanding of ways of behaving in such a relationship included relinquishing power to the supervisor, refraining from asking questions repeatedly, and perhaps being reserved and submissive. These ways of being, believing and acting conflicted with those preferred in the practice education discourse, therefore hindered access to knowledge as social goods. Unathi used submission as a strategy to engage with her educators which was guided by her perception.

However, perception is dynamic; it can change to yield the desired actions and behaviour in context. Tiyiselani’s experience shows that a shift in perception, coupled with a change in attitude could result in willingness and readiness to learn from the educators in context, thereby shaping the type of interaction that ensues. Tiyiselani stated that initially she had negative preconceived ideas about her supervisor, but upon meeting her, she realised that “she was not that bad.” The realisation was influenced by the supervisor’s attitude towards Tiyiselani, which created a climate conducive to learning. This account highlights reciprocity as a strategy that fostered a positive interaction between Tiyiselani and her supervisor.

With reference to relationships with service users, the participants agreed that it was easier to establish relationships with service users from a similar background to theirs, as the unspoken rules of interaction were known to both parties. However, a tension emerged when these rules intersected with curriculum requirements that govern interaction; establishing a therapeutic relationship. This relationship is a different kind, so its rules of engagement differ. The strategies that the participants used to resolve

this tension will be discussed in section 5.3.1 below, as they pertain to negotiation of subject positions.

The difference in strategies employed highlights the uniqueness of each case and perhaps the difference in resources available or perceived as most appropriate to deploy in a particular situation. The participants all foregrounded *showing respect to authority*, but their enactment of this differed, indicating that meaning making was a subjective process that differed across situations and contexts. The strategies highlight the role of power and subject positions in the process of negotiating relationships.

5.1.2. Deploying home language resources

While developing relationships could be regarded as a point of entry into a discourse, the process itself is mediated by language use. To facilitate establishing relationships with service users, the participants used their linguistic resources, particularly when working with service users whose home language was similar to theirs. The participants embraced and saw value in having an opportunity to speak African languages in an occupational therapy session. Unathi commented that she felt more comfortable working with people of her "own race or who spoke a similar language" to hers. According to Lebo, her interactions with service users were more positive as a result of being able to communicate with them in their languages and Tiyiselani also shared this sentiment. Using home languages seems to have facilitated learning and attainment of benefits attached to developing relationships.

Multilingualism was more appreciated as a resource in mental health settings than in physical settings. Language use in the mental health setting significantly differs from the physical context and rightfully so. In mental health service provision, speech and the content thereof are used to establish the mental status of the patient. Unathi remarked that "people seem less psychotic when you speak their language." She added that during group interventions, maintaining concentration and attention of patients was a challenge due to the diagnosis and "if you're speaking a language that they don't understand, it's even harder to get their attention." The influence of language on practice became more apparent to Unathi during her mental health block.

The participants were not the only ones who valued multilingualism as a resource in practice learning, but the supervisors as well, to varying degrees.

During the focus group discussion with the supervisors, they attested to the importance of multilingualism in developing relationships and facilitating mastery of literacy activities. For instance, a supervisor shared an incident where therapists in a setting had worked with a patient over time and this patient was then assigned to a student. The student and the patient spoke languages from the same language family (Sotho languages), therefore could understand each other, although they communicated in different languages. During assessment, the student was able to obtain valuable information that the therapists had not been privy to due to language barriers. In this case, previous communication in English was a barrier. The student's familiarity with the patient's background and the ability to communicate in a language similar to the patient's home language both established solidarity between them and enabled the student to master a literacy activity with some accuracy. Language not only facilitates communication, but could also enable affirmation of both the student and service users' backgrounds which could improve the student's confidence.

Although all the supervisors who took part in this research were supportive of the multilingualism principle, there was contention regarding situations when it was considered appropriate to use multilingual resources. The context of assessment in practice education was one such situation where some supervisors supported use of these linguistic resources, whereas some were adamant that using a language other than English during assessments was inappropriate as they could not assess the students' performance. This is an example of the hostility of the 'anglonormative' (McKinney, 2017) education context towards multilingualism and it was captured succinctly by a remark by one of the supervisors: "This is an English university." Hence, some supervisors indicated that they insisted that students communicate with service users in English during the demonstration, even if during other sessions they communicated in another language.

Appreciating multilingualism as a resource also had its downfalls. The participants' proficiency in African languages was sometimes used to homogenise and confirm racial stereotypes. Lebo recounted a situation where she was assigned a Xhosa

speaking patient, because the clinician indicated that due to language barriers the occupational therapy team on site could not communicate with the patient. Lebo remarked that the clinician assumed she spoke IsiXhosa because she was black. Regardless of the situation, Lebo used code switching and mixing as strategies to communicate with the patient and to an extent she succeeded. Communicating in a language that one is not proficient in is challenging. Some supervisors highlighted that African students that did not speak IsiXhosa often experienced challenges in practice learning as they could not communicate with service users in IsiXhosa and had difficulties communicating to the supervisor in English. The challenge could intensify when the student was expected to communicate to both the service user and the supervisor in different languages in the same situation. In the mental health setting Unathi indicated that she was required to assume the subject position of interpreter to the supervisor during a session. She communicated to the patient in IsiXhosa and translated the interaction for the supervisor. In both Lebo and Unathi's cases, the participants adopted the interlocutor subject position assigned by the educator. They creatively used their multilingual resources to facilitate communication. This signals the participants' agency whilst simultaneously conforming to expected subject positions.

Poor English proficiency among African Language speakers was expressed as an issue of concern among the supervisors who observed that in some situations English proficiency directly impacted on the development of professional competencies. For instance, poor proficiency affected the students' confidence and as a result, they often avoided certain situations that required them to use English. They added that at times they could not discern whether the student was struggling with clinical reasoning or communication in English, particularly in written work. However, to support learning, some supervisors employed strategies to facilitate communication with African students whose proficiency in English was poor. A strategy that some supervisors used when marking the written work was to look beyond the grammatical errors, focusing on the content. One supervisor from the physical domain indicated that she often asked students who seemed to have difficulty with written English to discuss their intervention plans verbally and this worked even though this strategy took a considerable amount of time. The supervisors were also in agreement that some African language speakers were more proficient in spoken than written English,

therefore could express themselves well. Perseverance seems to play an important role in advancing both teaching and learning.

5.1.3. Repurposing historic learning approaches

Enacting primary and previous secondary discourses was also apparent in the participants' learning approaches. They repurposed learning approaches that were successful in the past, such as joining study groups, researching and reading further on topics and issues that were unfamiliar, employing time management and organisation skills, using technology, requesting assistance from others or not, waiting to receive instructions, as well as using feedback or not. Similar to the process of building relationships, it seems to have also been taken-for-granted that students would adopt the preferred learning approaches that would facilitate attainment of educational outcomes in practice learning.

Lebo and Tiyiselani adopted a proactive approach to learning. Their strategies included requesting assistance from the supervisor, clinician and others when uncertain. They also reviewed literature on their patients' diagnoses and practised intervention techniques on friends. These strategies were specific to occupational therapy practice, but they bore traces of their historic learning approaches. For instance, Tiyiselani and Lebo used skills acquired through assuming leadership roles in the past. This was evident in their organisational and time management skills, working in partnership with other students to decode curriculum expectations. Tiyiselani had a study partner with whom she discussed ideas about intervention plans and they drew emotional support from each other. Lebo did not have a study partner, but she indicated that she mingled with groups of fellow students in order to remain abreast about learning activities. She added that this strategy proved useful throughout high school as she often forgot assignment due dates even though she documented them. Specific to navigating practice education, in her first block Lebo requested other students' logs to use as a point of reference to evaluate her own reproduction of the genres, because she did not receive feedback from her supervisor on her written work. Lebo and Tiyiselani seem to have taken charge of their own learning, as compared to Unathi.

The notion of taking responsibility and directing own learning is valued and rewarded in the context of higher education. As a result students are expected to demonstrate this competency, as did Tiyiselani and Lebo. However, it is often not made explicit as to what this competency entails. Unathi admitted to her lack of understanding of what was required of her to demonstrate this competency. She in turn ascribed responsibility to the educators to direct her learning, by waiting for opportunities such as assessments to showcase her knowledge and clinical reasoning. This references a historic approach to teaching where students are taught and then tested to gauge their knowledge proficiency. However in practice education, students are expected to voluntarily enact knowledge through ways of being, doing, thinking and behaving. In essence, they are expected to embody the knowledge, so that when they act, it is visible that they either have the preferred knowledge or not. Unathi also did not readily seek assistance, which perhaps indicates her expectation of the educator to recognise her needs and provide guidance and support accordingly. She confirmed this as her preferred learning approach when she remarked:

> I like to have a programme and then just following what someone has told me to do, just like following steps… My whole mentality was just you expect someone to tell you today you have to go read over this and this… maybe I'm just used to being spoon-fed…

Perhaps this approach yielded desirable outcomes in the past, but it was a way of doing and knowing that was not valorised in the context of practice education.

The pedagogic approaches in the practice education context and in higher education generally seem to negate the educational histories and cultural backgrounds of many non-traditional students. In the Practice Learning Manual (Division of Occupational Therapy, 2011), General rule 3.1 states:

> The student is responsible for his/her learning opportunities and must at all times strive to meet the requirements of the site at which he/she is placed.

In the focus group discussion, the supervisors indicated that students were expected to be adult learners who take responsibility for their own learning. It is taken-for-granted that students have the understanding, skills and ability to direct their own learning and become lifelong learners. This notion of taking responsibility for own learning could have been obscure to some students like Unathi and their passivity could have been perceived as laziness or lack of initiative. The student's learning

approach signals whether the student has the relevant skills and knowledge to direct own learning or to take advantage of available learning opportunities as was apparent in Lebo and Tiyiselani's cases.

Conclusion

The participants creatively used life and social skills from their life experiences and backgrounds to facilitate development of relationships in practice learning. For instance, they used language to promote a sense of solidarity, to facilitate communication with service users and master literacy practices. Language did not only facilitated communication, but also valorised both the student and the service users' background, perhaps improving the student's self-confidence. While using language to communicate, the participants were guided by norms, values and ways of being and behaving drawn from their home discourses. This indicates alignment between home discourses and home languages and rightfully so, as language use is governed by rules of engagement that are discourse specific. To varying degrees of success, the participants appropriately repurposed 'primary' and previous 'secondary discourses' (Gee, 1990) in this learning context, thereby contributing to reshaping the occupational therapy practice discourse. In turn, by variably employing unconventional strategies to facilitate learning among the participants, as well as allowing and dis-allowing use of primary and previous secondary discourses, the educators collaborated with the participants in transformation of the occupational therapy discourse.

5.2. Negotiating and re-negotiating identities

Enacting a discourse requires assuming a subject position. Assuming the role of an insider to a discourse (Gee, 1990) entails embodying its beliefs, valuing ways of knowing, using language and interacting. As Gee (1996) points out, while discourses seem natural, they always reflect the ideology of dominant groups. In the process of negotiating access to the occupational therapy practice education discourse, the participants were negotiating and developing a subject position as entry-level occupational therapists. As occupational therapy students, they were required to begin 'acting, valuing, believing' (Gee, 1990) and embodying occupational therapy knowledge on a basic level. For instance, it is stated in Section 11: AHS3108W: Theory and Practice in Mental Health (Division of Occupational Therapy, 2012) that at the end

of the first practice learning block, students are expected to demonstrate basic competence in professional competencies. To fulfil these expectations the participants positioned and re-positioned themselves by

- conforming or resisting expected subject positions, and
- straddling subject positions

5.2.1. Conforming to or resisting expected subject positions

Subject positions are not readily available for the taking, but they are negotiated during interaction with other members of the discourse. Assuming a subject position is a complex process that involves the intersection of various elements that include language use and other aspects that shape language use. These aspects include expectations of the self that adjoin with expectations from others within the context. This convergence could be a site of tensions and contradictions. In some situations, the participants' positioning was dependant on how they wanted to be perceived by others. For instance, in the physical setting, Lebo experienced the clinician's pedagogic approach as teaching by humiliation, and she resisted by maintaining silence. She declined to respond to impromptu questions posed by the clinician, as she did not want to admit to not having the knowledge. In her view, admitting to not knowing would make her seem "stupid." Lebo focused on preserving an image, perhaps positioning herself as a student that has knowledge. She alluded to assuming this subject position in another situation during the same block. The educators had recommended a particular occupational therapy practice model, but she decided to use a different model. However, in the process of framing, she also used another model, which signalled limited knowledge in the models and the rationale for use. Nonetheless, she believed that she lost marks, because she used a different model to the one that was suggested by the educators. In this case, exercising agency by resisting an assigned subject position of a student with limited knowledge (who requires guidance) does not yield a positive outcome for Lebo.

In the mental health setting, Lebo recounted a strategy that she had learned that yielded favourable outcomes; she focused more on "pleasing the supervisor and clinician" than on the learning. Like Unathi, she established the supervisor's preferences from other students and played into these, therefore positioning herself

as knowledgeable, whereas perhaps she was ‘mushfaking’ (Gee, 1996). Mushfake is defined as “partial acquisition of a discourse coupled with meta-knowlegde and strategies to make do with what is available” (Gee, 2015, p. 201). This is often employed when one is not fluent in the discourse. Lebo added that her tactic was to refrain from exploring and testing out her understanding particularly of occupational therapy practice models as she had done in the first physical block. Instead she adhered to the recommendations provided by the educators, thereby conforming to an assigned subject position. Although she seems to have been submissive, Lebo strategically aligned her efforts with the expectations of the supervisor, in turn being perceived as performing satisfactorily, therefore being awarded particular marks. She was strategically working the situation in her favour as her focus was on obtaining marks and she succeeded. This account could suggest that even though conformity is preferred and rewarded, it perhaps does not imply that the student has gained the relevant knowledge.

Similar to the process of establishing relationships, perception plays a role when negotiating subject positions. Thoughts and feelings about personal abilities based on imagined expectations of others could influence positioning of self as was evident in the participants’ narratives. These self-imposed expectations often stem from limited knowledge and understanding of how to fulfil others’ expectations. For instance, Lebo and Tiyiselani had high, self-imposed expectations about requirements for practice learning for the first block based on their supervisors. However, upon meeting the supervisor and the clinician Tiyiselani decided to abandon these self-imposed expectations and positioned herself as a student willing to learn. This was different to Lebo, who positioned herself as a student with knowledge when interacting with the clinician, despite the supervisor assuring her of the expectations. Unathi on the other hand, rightfully positioned herself as a student, but not the “kind” that is preferred in higher education; she could have been perceived as passive and uninformed, awaiting direction from the educators. She indicated that in her second physical block, she positioned herself as a student actively involved in her learning as she knew what was expected of her. These accounts show the relationship between perception of self and others, and subsequent positioning as well as how this positioning can align or not with available subject positions. The examples also demonstrate that the context offers preferred subject positions for students.

The examples above highlight that conforming and exercising agency can either lead to attainment of educational outcomes and the relevant rewards or not. At times pseudo-conformity, which results in limited learning, sees students being awarded, while agency that perhaps leads to more learning through experience is not rewarded accordingly. This contradiction could suggest issues in assessment practices and the objective/subjective tension in assessments in practice education.

5.2.2. Straddling subject positions

Negotiating subject positions is a complex process. At times, the practice education context demands students to not only assume one subject position, but multiple positions in the same communicative event, resulting in 'straddling positions' (Kapp & Bangeni, 2017). By virtue of its nature, practice education creates the position of student-practitioner, where students are expected to be interlocutors of the occupational therapy practice discourse while still acquiring the discourse itself. Enacting this subject position is often challenging for students as finding a balance between being a student and a practitioner requires skills, knowledge and reasoning that the students are in the process of mastering. This was evident in the participants' narrative; they highlighted tensions and contradictions that they encountered as interlocutors. A strategy that they all used when encountering difficulties with explaining occupational therapy to the service users was avoidance. This could signal limitations in linguistic resources that would enable them to proficiently explain occupational therapy to others. They commented that they themselves were in the process of making sense of occupational therapy content; hence they were not confident in explaining it to others (Bangeni & Kapp, 2005).

Enactment of the student-practitioner subject position varies from student to student and affective aspects of the person often influence the variation. For instance, during the physical block, Lebo was conscious of her status; her desire was for service users to perceive her "as a worthy person." To maintain this position, she disengaged from the occupational therapy process and often responded to emerging needs. Similar to her engagements with the educators, she was also masking her limited knowledge and competency in occupational therapy when engaging with service users. She

transferred this strategy to the mental health setting and was often successful. The service users that the students are assigned to often only receive occupational therapy services from students who are not yet qualified practitioners. This straddling of the student-practitioner position potentially raises an ethical dilemma; as part of their training, students have to treat real people with real problems, but they are not yet fully equipped to offer the best services.

In some situations, students also have to negotiate subject positions assigned by service users, which can be a site of tensions and contradictions. Lebo recalled a situation where she struggled to assume the practitioner identity when working with an older African male diagnosed with a psychiatric illness. The patient was resisting Lebo's direction during intervention, in her view, because she was a younger African female. She indicated that she resorted to assuming the identity prescribed by the patient and relinquishing her position of power as a practitioner, thereby forfeiting intervention. This account highlights the influence of gender, age, mental illness, cultural norms and curriculum expectations on identity and how this intersection could be a site for struggle for power.

Another example of this struggle was reported by Tiyiselani. However, her challenge was due to preconceived ideas about service users with mental illnesses. For fear of provoking the patient, she relinquished power to her, refraining from applying handling principles. Lebo and Tiyiselani demonstrate shifts in subject positioning where they start off in the position of a practitioner providing a service and then shifting to a student, while straddling other positions not identifiable as either student or practitioner. Unathi experienced similar challenges with positioning. In a situation during the physical health block, Unathi encountered a patient who "felt that God was punishing her." Unathi chose to enact a Christian discourse, assuming the identity of a defendant of Christian beliefs, stating that she "spoke to her about that like God wouldn't do that to her [explaining] the whole thing like He's not that type of God." She indicated that the age of the patient was a motivating factor; she was younger, therefore Unathi perceived her as "easier to speak to." In this situation, Unathi shifted subject positions while maintaining a position of power; she negated the homogenised occupational therapy student-practitioner subject position to develop a meaningful relationship with her patient.

The participants' proficiency in African languages was used to assign additional subject positions for them. Participants were also assigned identities as interpreters for the supervisor and clinician. Unathi recalled playing the role of interpreter for the supervisor during her demonstration. She remarked that the back and forth communication disrupted the flow of the session. Enacting these roles in the same situation is complex and cognitively demanding as each has rules for engagement and behaviour. Straddling subject positions (Kapp & Bangeni, 2017) is a skill with high cognitive, affective and psychological demands and to gain fluency in performing this skill requires practise, modelling and scaffolding, which the participants did not indicate in their narratives.

Conclusion

During interaction, subject positions were made available to the participants. These positions were created by both the educators and the service users assuming these subject positions had an influence on the learning process and in turn on the attainment of educational outcomes. To varying degrees of success, the participants conformed and resisted these positions thereby gaining fluency in the discourse or not. The strategies that the participants used in negotiating and re-negotiating assigned subject positions included strategically aligning efforts with supervisor preferences, avoidance, relinquishing power and conforming to these positions. In some situations conforming or pseudo-conforming to assigned positions did not mean inability to exercise agency, as the participants applied themselves in such a way that transformed the position, even though they were conforming.

A difference in interpretation of expectations for assigned subject positions was evident throughout the narrative, hence there were variations in enactment of a position such as the student-practitioner one. In addition to varied interpretations of expectations, identity formation was a complex process due to the influence of social structures, affective factors and power. These factors created a demand for participants to straddle subject positions. To some extent, straddling subject positions had a negative impact on the learning process and therefore the ability to fulfil curriculum expectations.

5.3. Discovering curriculum expectations through trial-and-error

Using classroom acquired knowledge in the practice context is a professional competency and literacy that students have to master, as outlined in the third year curriculum. Analysis of curriculum documents shed light on lack of alignment between the intended curriculum, pedagogy and assessment in practice learning. For example, there were inconsistencies between the outcomes set for a single course across different document sources. There were also contradictions between expectations for students in practice learning and the set outcomes. For instance, students are expected to implement the occupational therapy process, but this was not adequately reflected in the mental and physical health course outcomes as presented below.

- Demonstrating skill and knowledge in promoting health through use of occupations,
- developing and providing a justification for an OT plan that is informed by the philosophy of client-centeredness,
- learning to select, apply and interpret assessments
- developing skills in selecting, implementing and applying change modalities to enable performance, and
- beginning to understand the role of policies in domain specific service delivery

(Division of Occupational Therapy, UCT, 2013).

These objectives are met through implementation of the occupational therapy process. The occupational therapy process, which entails conducting assessments, planning intervention, and implementing intervention are foregrounded in the objectives. However, the last stage of the process: evaluation of intervention is left out in presentation of these outcomes. This could suggest that this literacy activity is less valued. This is significant because, as discussed in Chapter 4, students seem not to develop the necessary skills to conduct an evaluation as reported by the participants during interviews. Despite this omission, students were expected to develop competency in conducting an evaluation of an intervention.

Another omission relates to the last outcome listed above. In the presentation of practice task requirements for students, there is no activity that aligns with this

particular outcome, whereas there is alignment between other activities and the overall outcomes. This outcome is also less explicit than the others; to “begin to understand” sounds vague and not measurable. This could explain why this outcome is also overlooked in practice learning.

It is evident that lack of alignment between the intended curriculum, pedagogy and assessment requirements coupled with the hidden curriculum resulted in tensions and contradictions in the process of gaining access to the practice education discourse. Participants repeatedly commented on the vagueness of the instructions provided. For instance, Lebo commented that “nobody tells you what to do, they just give hints or like pointers, then **you** have to think it out yourself and I struggled to come up with ideas on the spot, so it’s **very** difficult for me.” The participants also added that with reference to the literacy activities in practice learning, they did not know how and what to do. They were expected to decode and implement the process of ‘being’ and ‘doing’ occupational therapy, a process that seems to form part of the hidden curriculum. This could indicate that limited literacy in the hidden curriculum contributed to under-performance.

However, the hidden curriculum seems to have been valued by the supervisors. Some of the supervisors considered lack of explicitness as part of honing clinical reasoning. One of them commented; “we don’t give recipes, that is our curriculum, but students want recipes.” As highlighted throughout the narrative, the hidden curriculum was pervasive and it manifests as taken-for-granted knowledge and skills that were not made explicit to students. It is therefore not surprising that the participants attempted decoding expectations through a process of trial-and-error.

Through this process of trial-and-error, the participants constructed their own meaning and interpretation of the knowledge acquired in the classroom, decoding it so that they could apply it in practice. In this process, they navigated multiple literacies and the hidden curriculum using a combination of linguistic, academic and cultural resources, while engaged in the interplay between conforming and resisting assigned identities. They also used acquired knowledge, the sign systems, symbols, tools and artefacts to produce professional genres to varying degrees of success.

5.3.1. Decoding classroom discourse and applying it in practice

To fulfil curriculum expectations, the participants engaged in a range of academic, linguistic and social strategies to make sense of the theory. They cited repeated reading of text as a strategy for understanding new information, particularly theories. To evaluate their sense making, they indicated using strategies like breaking down content into components and then translating it to their home languages. They also presented to their peers using a hybrid of English and African languages. This process perhaps becomes complex in situations where the theory does not resonate with the participants' backgrounds.

Application of theory was named as another strategy that improved sense making. Tiyiselani stated that she gained a better understanding of occupational therapy practice models through applying them to service users' situations. She was the only participant that received positive feedback regarding her application of the models in both practice learning blocks. Lebo and Unathi seem to have struggled. It could have been due to their limited understanding of the models or rather the fact that it is also taken-for-granted that students would be able to transfer knowledge acquired in the classroom to the practice situation. Lebo indicated that when she felt too challenged by content, such as was the case with assessments in the physical domain, she would avoid the content. However, during the physical practice block, she realised that knowledge of assessments and skill in conducting assessments were crucial literacy activities that she had to master, and so through perseverance and practice she learned the assessments.

Following the phase of conducting assessments during the implementation of the occupational therapy process, students are expected to integrate knowledge acquired from the previous years to inform their decision on intervention. This expectation entails recalling information from various sources, analysing, interpreting and integrating it to apply to the situation at hand. The participants commented on their lack of awareness of the importance of some of the courses completed in previous years when they were enrolled in the courses. This observation was confirmed by the supervisors when they spoke about students' struggles to integrate knowledge. This could perhaps suggest discontinuity in the establishment of relationships or links

between courses at different levels of training. This discontinuity is perhaps due to lack of alignment in curriculum structure. This limitation could also signal students' limited ability to make sense of information prior to when it is needed, thereby forgetting it.

Lebo and Unathi reported being overwhelmed by the vastness of knowledge, as well as the limited direction offered on how to organise and manage it. When struggling to decode curriculum expectations, Unathi and Lebo employed strategies like abandoning the occupational therapy process. Unathi recounted how during the physical block, her strategy was to focus on the visible needs. For instance, working to improve mobility if a patient could not walk, therefore "not using all the information" gathered through assessments and adopting "a narrow view" of the patient's needs. She cited not knowing how to fulfil expectations as the challenge she encountered. On the other hand, Lebo referenced inability to organise information and integrate knowledge to inform the next phase of the occupational therapy process as her hurdle and this could highlight limitations in both know-how and clinical reasoning.

The process of transforming and applying theory also required navigation of English. Unathi's experience in the mental health setting demonstrates how the participants navigated different styles of English in the practice context. She was working with service users that were low functioning; therefore she was required to communicate in clear, simple, sentences. She described the complexity of the process: "first of all English is not your mother-tongue, so now you have constructed this sentence now you need to break it down again." Through perseverance and practice she navigated this complexity. Limitations in use of theory in practice and proficiency in academic writing were more apparent in the participants' written work.

5.3.2 Producing professional genre

Professional genres in occupational therapy practice education are produced only in English, regardless of whether the interaction between the student and service user is predominantly in another language. This could make the process of production complex as the participants would have to translate some of the information obtained into English. The participants were expected to produce different types of genre, such as logs, case stories and patient notes. These genres differ in register, that is, tone,

vocabulary and degrees of formality, but I cannot comment on whether the participants and the supervisors were aware that some of the issues with producing genre resided in the lack of awareness of the different registers. However, the supervisors commented on being aware that students brought different styles of English into practice learning and these styles made adjustment to writing in the preferred way challenging. The supervisors were conscious that students that struggle with theory, could not grapple with "the subtleties that we use language to communicate with to navigate culture." Despite challenges, all the participants valued and used writing as a learning strategy and therefore the process of producing professional genre was perceived as important. It is commendable that they had insight into their abilities with reference to producing professional genre.

When producing the logs, all the participants valued and incorporated feedback. This process was not straightforward, so through trial-and-error they made the recommended changes. Unathi indicated that she engaged systematically with the feedback and tried to make changes guided by her own interpretation of the feedback, which was often incorrect or not what was required given that she often received the same feedback repeatedly; "the criticism was always the same." Despite feedback from the supervisor, "it took the entire period of the block to improve," and to some extent she applied omission as a tactic.

Success in integrating feedback also depended on the participants' learning approach and the supervisors' pedagogic approach. Some supervisors provided feedback in writing and discussed it verbally with the student as was the case for Tiyiselani in the physical block. Tiyiselani's and Lebo's approach to learning requesting assistance when needed and collaborating with other students to discuss logs also assisted. However, when feeling overwhelmed by the expectations of practice learning, particularly producing genre, the participants sourced emotional support from various people; Unathi and Tiyiselani relied on family for emotional support through regular phone calls. Lebo sourced support from one of the supervisors.

Other than difficulties with decoding genre production requirements and navigating feedback, there were incongruences in instructions on producing professional genre given by the supervisors in different blocks. Some of the incongruences were due to

inconsistencies in pedagogic approaches and this resulted in, for instance the supervisor being perceived as biased as was expressed by Unathi; “a certain category of students by default got higher marks.”

These differences in instructions and approaches also limited the participants’ ability to transfer learning from one block to another as was expected. It is assumed that when entering a second, third or fourth block, students have developed some skills relevant to navigating practice learning. However, the supervisors observed that students were not transferring learning from previous blocks. Although some of the supervisors embraced their individuality by adopting different pedagogic approaches, they acknowledged that they were missing an opportunity to maximise student learning through building on knowledge acquired from one block to the next. In their view, this gap was structural; all blocks were “happening in isolation” coupled with a Divisional agreement that there be no communication about students between supervisors, so that students are offered a clean slate on entering blocks. This lack of continuity creates a tension as it limits scaffolding, but it also minimises possibilities for establishing relationships based on preconceived ideas about the student. Although supervisors were often in the dark regarding students in their blocks, the participants mentioned that they had discussions about the supervisors as part of preparing for a new block. Among others, these discussions were said to cover aspects such as the supervision style, the work ethic, the personality of the supervisor, the kind of marks to expect, the preferred style of writing logs and the activities for treatment.

Conclusion

Practice education curriculum expectations were not always explicit and differences in pedagogic approaches led to different understanding of assessments which enabled or hindered fulfilment of the expectations to varying degrees. Among others, the participants used social resources to decode the expectations. Practise was named as a useful strategy, both for using theory in practice and for producing professional genre. However, it is worth noting that opportunities for practice in the practice education context were limited due to time and resource constraints.

Chapter Conclusion

Resources that students draw from in the learning context can be located within and outside the learning context. However, recognising these resources as well as opportunities where they can be deployed is key to advancing learning, and to varying degrees the participants were cognisant of this. Above all, acknowledging and valuing *the self*, along with life experiences and background as the most important resource is critical for the learning process. This realisation could instil confidence in self and enable creativity in using other resources, combining and adapting them in navigating access to the new discourse. However, valuing and using personal knowledge and home-based discourses as resources in the learning context requires affirmation and endorsement from the established members of the discourse. This highlights the importance of relationships to gaining access to a secondary discourse.

In navigating the occupational therapy practice discourse, the participants used an array of multidimensional resources, such as academic, linguistic, cultural, social and affective resources. A creative combination of these resources was needed for negotiating the multi-layered demands in the practice context. Some of the demands were immediately apparent, such as the written and communicated curriculum expectations. However, these demands had other secondary requirements that were not as explicit, manifested as the hidden curriculum that was more obscure to the participants as African students.

The narrative showed that there was a wide range of resources available, but sometimes these resources or the way in which they were used were not deemed appropriate. It was evident that participants were not only dealing with educational outcomes, but issues of identity, power relations and the hidden curriculum. The complexity of this layered process was increased by lack of alignment between pedagogy, curriculum and assessment. This misalignment threatened attainment of social goods, but the participants deployed the resources indicated above: appropriating and re-appropriating power, disrupting traditions and conforming or resisting subject positions, thereby exercising some agency. Through enacting primary and previous secondary discourses in developing relationships, positioning and re-positioning self and when producing own meaning, the participants engaged

these resources to varying degrees to negotiate access to the practice education discourse, hence this case narrative is about negotiating access to this discourse.

Chapter Six: Engaging in practice learning as social practice

The aim of this study is to describe and explain learning processes that students who are African language speakers employ as they navigate practice education in occupational therapy. These processes were outlined as themes in Chapter 5: enacting primary and previous secondary discourses; negotiating and re-negotiating identities and deconstructing curriculum expectations through trial-and-error. This chapter provides explanations for the choice of processes engaged in and how these processes were employed in negotiating access to the discourse.

As discussed in Chapter 1, this research was conducted within a period of crisis in higher education across the world, but more so in South Africa. Higher education is under pressure to account for high attrition and low graduation rates among students who were previously excluded from higher education. In South Africa in particular, despite a change in dispensation, the legacy of apartheid remains evident (Soudien, 2007). Exclusion of a majority of black students from full participation in higher education continues through various means, such as unaffordable fees, inaccessible curricula and alienating institutional environments (Le Grange, 2016) that construct these students as lacking relevant resources for success in higher education (Smit, 2012). The data presented in Chapters 4 and 5 suggests that students' primary discourses and multilingualism are often marginalised in the practice education context, even though, they are invaluable resources for successful learning and for the practice of occupational therapy.

In this chapter, I draw on theories informed by the poststructuralist perspective the theory of Discourse (Gee, 1996), identity and the notion of investment (Norton, 1995), and academic literacies to explain the strategies used by participants to navigate practice education discourse. Poststructuralism enables interrogation of taken-for-granted assumptions about the way people read and write (Agger, 1991). In order to understand the learning processes, it is important to unpack the literacy practices that students were engaging with in practice.

6.1. Literacy practices in Occupational Therapy practice

Learning in practice education requires specific literacies and associated competencies. In the learning process, students engage in and with literacy practices situated within specific discourses (Gee, 1996). As indicated in section 2.2.2, the perspective of literacy adopted in this study is that proposed by the New Literacy Studies where literacy is broadly understood as “mastery of secondary discourse” (Gee, 1996, p. 143). In order for students to master the occupational therapy practice education discourse they have to master the literacy practices associated with the discourse. Literacy practices “incorporate literacy events” (Street, 1993, p. 13). In occupational therapy, these practices constitute occupational therapy practice literacy events, so the literacy practices broadly include both the observable and non-observable behaviours involved in producing, re-producing and transforming occupational therapy content in a practice situation.

The observable elements, the literacy events, were outlined in section 3.7.2 and it is through unpacking these events as experienced by the participants that the literacy practices emerged. Literacy events are often studied to learn about literacy practices, as was the case in a study conducted by Hamilton (2000). Through analysis of literacy events (as outlined in section 3.7.2), I gained insight into some of the dominant occupational therapy practice literacy practices. Drawing on discourse analysis terminology, these literacy practices are presented as sub-activities and actions (see section 3.7.2).

From the analysis one could draw the conclusion that literacy practices are multi-layered processes. In order to master the practices outlined in section 3.7.2, there are other processes that underpin enactment of those practices and these processes are context dependant. For instance, to have knowledge of assessments used in occupational therapy practice, the student has to have skills in acquiring the knowledge, particularly how to draw relevant information from different occupational therapy texts for a specific situation in practice learning. Lebo and Unathi spoke of being challenged by the expectation to handle vast theoretical knowledge and apply it to the situation. This perhaps suggests limitations in their ability to select the most appropriate information for a particular situation. For students to handle occupational

therapy content, they need to have acquired the knowledge through reading; therefore they needed to know and be able to employ reading strategies. This requires developing reading skills specifically for different types of texts in occupational therapy. They would then need to engage with and use the texts in the preferred way. These skills and ways of doing are literacy practices that have to be introduced to students and opportunities to practise them should be created. Forms of literacy have to be practised, “but one cannot practise a skill that they have not been exposed to” (Gee, 2008, p. 88). This highlights a disjuncture in curriculum alignment, because these skills are required for practice learning, therefore cannot be acquired outside of the context of practice learning. In addition, students often enter higher education without the necessary skills to handle the academic demands, as school practices often do not prepare them for this (Pym & Kapp, 2013). Lebo and Unathi’s feelings of inadequacy in handling vast knowledge could be an example of prior learning not sufficiently preparing them for higher education. However, students are expected to have these skills when they enter practice learning.

Literacy practices are often not taught explicitly and this could impact the ability to meet expectations. The participants generally expressed dissatisfaction with how expectations were communicated. For instance, Lebo commented that instructions are not given explicitly, but “they give you pointers, then you have to think it out yourself.” This is not a unique experience in occupational therapy practice education. In a study by Naidoo and Van Wyk (2016), students named the need for clear guidelines as a strategy that could facilitate their learning. However, supervisors perceived students as lacking the ability to direct own learning. Perhaps students can direct their own learning, but not in the preferred way in this context. This perception was also shared by some supervisors in this study.

One of the reasons that literacy practices are not taught explicitly could be that they are acquired and not learned, they are also fluid; continuously changing through learning processes and meaning making (Barton, Hamilton & Ivanic, 2000). These practices are experiential, therefore could differ from person to person. In addition, when the social context changes, the literacy practice has to change, as “context is both the site for action and the source of action” (Thesen & van Pletzen, 2006 p. 11). As a result, within a specific setting in practice learning, literacy practices could be

enacted differently from another site. This could explain why supervisors experienced some students as not being able to transfer learning from one block to another. This expectation could indicate a tension as literacy practices are context dependant and each practice learning site has site specific objectives, therefore one could draw the conclusion that expectations are site specific.

All literacy practices are informed by values and purposes of the profession and although some of these are presented in occupational therapy texts, their enactment cannot be taught. This suggests that literacy practices form part of the hidden curriculum that influences attainment of learning outcomes in the taught curriculum. From the findings, a conclusion could be drawn that a hidden curriculum was operational in practice learning and the students, although they could not articulate it, were aware of and affected by it. Most of the challenges that the participants encountered were located in the hidden curriculum. This raises concerns as students are assessed on these literacy practices, such as the ability to handle knowledge and apply it appropriately directing own learning and incorporating feedback.

Literacy practices are often taken-for-granted. Treating these skills, knowledge and values as common-sense suggests that literacy practices are apolitical, normalising certain knowledges, skills, worldviews and ways of speaking (Margolis et al., 2001) or writing. For example, Unathi indicated she knew occupational therapy content, but she did not know how to show that she had the knowledge or demonstrate clinical reasoning. The ability to use theory in practice to guide reasoning is a skill that is perhaps taken-for-granted. However, occupational therapy literature has reported that this is an area of practice that students experience as challenging (Naidoo, Van Wyk & Joubert, 2014; Naidoo & Van Wyk 2016; Van Rensburg, 2006; Vermaak & Nel, 2016); hence courses are developed to teach students how to apply theory in practice (Ikiugu & Rosso, 2003). It is important that such courses are delivered using pedagogic strategies that allow for students to practice this skill within the context where it is used, thereby gaining contextualised knowledge through the process of ‘acquisition’ and not ‘learning’ (Gee, 1990).

The participants’ experiences with attaining fluency of occupational therapy practice literacy events and practices, supports the view that literacies are socio-politico-

historical and situated. For instance, attaining fluency in mental health practices settings was experienced as particularly challenging by the participants. Tiyiselani indicated that there were limits on grades one could attain for a mental health block. This suggests that participants and perhaps the student body in general perceived learning in mental health domain as only granting marginal access to the relevant 'social goods' (Gee, 1990). Grades are important to students as they signal success or failure, which affects future interactions with content and could impact decisions about the imagined community (Sutton & Gill, 2010). For example, Lebo and Unathi's 'investment' (Norton, 1995) in the profession was further destabilised by the grades they attained in practice learning. Lebo remarked that disappointing grades made her question whether occupational therapy was for her.

Literacy practices could be a site for tensions and contradictions when professional values intersect with the practitioner's personal values and that of the service user. For example, Lebo recounted situations where she experienced tensions between her own values and that of the profession. In these situations she decided to enact values from her primary discourse. This could indicate that it is perhaps easier to revert to primary discourses when experiencing tensions and contradictions, as it is the longest established discourse that one is a member of. Lebo's experience could be similar to that of many other marginalised students that enter higher education. In their study, Pym and Kapp (2013) established that upon entry to higher education, these students encounter "values, norms, attitudes and beliefs that are different from their home discourses, both within the institution and within their disciplines" and they have to learn to negotiate them (p. 274). Intersection of values, beliefs and attitudes is further compounded by the values, beliefs and attitudes of the educator. These could be in contrast to that of the student, thereby creating a tension. Supervisors have a role to shape students' attitudes and behaviour so that they can be successful (Nolinske, 1995). When there is a tension between values, students could struggle to acquire the attitudes that the supervisor and clinician are trying to instil, thereby resulting in limited access to the relevant 'social goods' (Gee 1990).

In summary, it is evident that literacy events demand a lot that is not explicitly included in learning outcomes, expectations and instructions to students. The demands of these literacy practices and expectations often negate resources that students bring with into

the education context (Mannion & Ivanic, 2007). The value of some of these resources that participants used in their learning processes is discussed in the next section.

6.2. Using available resources

The nature of learning in practice education is such that the process is dependent on interactions with others and the ability to acquire and use meta-knowledge in a social situation, as highlighted in section 6.1. As Zembylas (2005) indicates, learning takes place in a socio-politico-cultural context that is constantly influenced by power relations. As a result, if learning in practice education is shaped and influenced by such a context, then practice learning can therefore be conceptualised as social practice. In order for students to develop competencies and mastery of literacy practices in occupational therapy practice, they have to engage not only with printed texts, but with others and the context.

In Chapters 4 and 5, it was apparent that the participants had different interpretations of learning outcomes, and therefore they adopted their own methods of fulfilling the requirements. There is often a gap between faculty expectations and students' interpretation of the expectations (Street 2004). This could be because ways of meeting the requirements were not made explicit, perhaps it is taken-for-granted that there is a shared understanding of fulfilling requirements. This assumption contradicts the poststructuralist view that meaning making processes are socio-political in nature (Davies, 2004), therefore there is no value-neutral way of making meaning. The participants repurposed resources available to them to facilitate learning. They predominantly drew on resources outside the learning context. For instance, they recruited primary and previous secondary discourses and their varying linguistic resources.

The findings propose that black students have adaptive abilities, capacities and resilience that are often not rewarded or valued by the institution. As outlined in Chapters 4 and 5, the process of negotiating access to practice education is particularly complex, but through using resources that were not mainstream, the participants succeeded and improved in their learning across different blocks. Multilingualism was highlighted as an important resource that was devalued at times

due to the pervasive ‘anglonormativity’ (McKinney, 2017) present in the learning context.

In section 6.2, I aim to draw on the theory of discourse to offer a theoretical perspective on some of the important findings in this study. I draw attention to the importance and value of primary and previous secondary discourses in learning in practice education, as well as the value and usefulness of multilingualism. This view problematizes the dominant discourses about poor performance, particularly among African students in higher education.

6.2.1. Primary and previous secondary discourses as resources for learning

As indicated in section 2.2.1 individuals are member of multiple discourses, therefore they enter communicative situations as members of various discourses. Students are members of primary and various secondary discourses before they enter higher education to negotiate access to the discourse of the respective discipline whose programme they are enrolled for. Higher education could be seen as intolerant towards discourses that students bring with into this context. This is evident in predominant discourses of othering and of students from particular backgrounds being labelled as deficient (Boughey, 2007; Smit, 2012). Non-mainstream students’ primary and previous secondary discourses are perceived and often named as a problem that contributes to their poor performance (Haggis, 2006; Mann, 2008; Smit, 2012). These views of students from backgrounds other than white middle class persist among some educators in occupational therapy today. When a student’s performance is not satisfactory, assumptions are often made about the cause of the problem and it is common practice to consider a student’s home and schooling background. For instance, some supervisors in this study were in agreement that students whose home language was not English were experiencing pronounced difficulties in practice learning.

The perception of primary and previous secondary discourses as a ‘problem’ was challenged by the participants in this study as indicated in their narratives in Chapter 4 and the subsequent findings in Chapter 5. Misalignment in curriculum and disjuncture between elements of the curriculum were cited as the source of

unsatisfactory performance. The Theory of Discourse (Gee, 1990) provides an explanation for the role of primary and previous secondary discourses in the learning context. In this study, three explanations for why the participants drew from their primary and previous secondary discourses were identified: 1) primary discourses "serve as a framework for acquisition and learning of other Discourses," 2) primary discourses "shape how acquisition and learning will take place" (Gee, 1996, p. 141), and 3) limited mastery of the secondary discourse often results in students defaulting to available discourses (Gee, 1996). These reasons will be discussed below.

Practice education in this study is conceptualised and analysed as a secondary discourse to which students are negotiating access. For instance, to negotiate the literacy practice of establishing relationships with others, the participants drew from their primary and previous secondary discourses. These discourses served as a point of reference for establishing relationships in this context. Establishing relationships with others in the practice context is a social process that is governed by social practices within the context; therefore explicit, direct teaching is useful for providing the meta-knowledge about kinds of relationships. However, this form of teaching is less likely to equip students with valued practical methods of establishing relationships, which could be acquired through 'acquisition and not learning' (Gee, 1990) as defined in the theory of discourse.

In addition to serving as a foundation for acquisition of other discourses, the primary discourse also "shapes how acquisition and learning will take place" (Gee, 1996, p. 146). For example, Unathi's primary and previous secondary discourses shaped the process of acquisition and learning differently from Lebo and Tiyiselani. It could be deduced that the behaviour expectations of Unathi's primary and previous secondary discourses were significantly different to the expectations of the occupational therapy practice discourse. Whereas since the 'ways of being and behaving' (Gee, 1990) of Lebo and Tiyiselani's primary and secondary discourses were comparable to that of the occupational therapy practice discourse, they did not experience the degree of challenges that Unathi experienced. This example speaks to the nature of discourses, particularly how they relate to each other. In situations where the rules of engagement between the primary and the negotiated secondary discourse are compatible, there is a greater possibility for attaining mastery of the secondary discourse with ease, but

when the discourses are considerably different, there is an increased likelihood of tensions and contradictions being experienced (Gee, 1990, 1996, 2008). Although, Lebo and Tiyiselani still encountered tensions and contradictions, Unathi's experience of them was more pronounced for both first blocks.

The tensions and contradictions impact fluency in the literacies of the discourse, thereby access to social goods, such as grades as illustrated in section 6.1. Although there was some alignment between previous secondary discourses and the new discourse, other aspects of the discourse still limited access to the relevant social goods. This was expressed by both Lebo and Unathi regarding their grades; they were both dissatisfied and Unathi did not attain a pass mark for the first block. Tiyiselani's experience differed as she performed exceptionally well, attaining over 80% for both the demonstration and the overall block performance for one of the blocks. A combination of a number of factors could account for this level of fluency in occupational therapy practice literacies.

Firstly, the pedagogic approach used by both the clinician and supervisor for Tiyiselani adopted an apprenticeship style. This style is preferred for facilitating acquisition of discourse, through guided and supported interaction with the student (Gee, 1990). In her narrative, it was evident that the educators created opportunities for apprenticeship, direct teaching in practice and continually provided constructive feedback that she used to improve her skills and knowledge, as expected in practice learning. Sutton and Gill (2010) posit that the relationship between the student and educator has an impact on how feedback is received and interpreted by the student. The relationship between Tiyiselani and the educators at this particular site facilitated her understanding and use of feedback. This case demonstrates the value of alignment in pedagogic practices for facilitating access to secondary discourse.

Secondly, Tiyiselani's own approach to learning and attitude towards occupational therapy seems to have played a role in the process of negotiating access to the secondary discourse. Similar to Lebo, she was driven and proactive in her learning approach. She repurposed some strategies she had acquired in previous secondary discourses and was successful. This could be an example of how primary and previous secondary discourses were used as 'frames of reference' (Gee, 1996) for

mastery of secondary discourse, as well as how compatibility between ways of doing in different discourses advances learning. As for Unathi, approaches derived from her previous secondary discourses were perhaps not the preferred ones in this new discourse, therefore, due to this tension her access to the relevant social goods was limited. Unathi indicated that she was used to having a programme to follow, but the occupational therapy practice discourse required of her to direct her own learning, which she was not equipped for. This is an example of the disjuncture between the approaches to learning that students are socialized into at school and the requirements within the higher education setting (Kapp & Bangeni, 2017).

In addition to her approach to learning, Tiyiselani loved the profession. Her 'investment' (Norton, 1995) in the profession perhaps enabled her to engage with occupational therapy literacies in a way that granted access to the relevant social goods. One of these social goods was becoming an occupational therapist, which was her 'imagined community' (Anderson, 1991) of choice. As a result, she expressed that even in the face of tensions and contradictions, she did not question her desire to become an occupational therapist, which was a different experience for Unathi and Lebo.

Tiyiselani also had a strong support system, both in the learning context and from her family. Although, Lebo adopted a similar approach to learning and had family support, she was having conflict with her primary source of support, which in her view impacted her learning. She was also ambivalent about becoming an occupational therapist and this impacted her experience of the block. Unathi's family support was also strong, but she openly disliked enrolling for the occupational therapy degree as her 'imagined community' (Anderson, 1991) was being a medical doctor. This apparently negatively influenced her 'connection' with the content of the profession.

In summary, some elements that were evident in Tiyiselani's narrative that were instrumental in gaining access to the discourse were:

- successful repurposing of historic approach to learning,
- re-appropriating primary discourse to inform interaction with others and expectations of self,

- alignment between pedagogic approaches used by educators and her approach to learning,
- relationship with the educators,
- investment in the profession,
- confidence and knowledge of occupational therapy content, and
- socio-emotional and academic support.

These elements reiterate factors highlighted by Zembylas (2005) as influencing and shaping both the learning experience and process which include the body, context and discursive practice. The discussion above reiterates Boughey and McKenna's (2016, p. 4) view that students should be understood as social beings with a range of 'ways of being' that influence learning, rather than the sum total of their language, motivation and cognitive abilities.

As highlighted in the introduction to this section, another reason for drawing on their primary and previous secondary discourses could be limited mastery of the occupational therapy practice discourse. When students are negotiating access to the secondary discourse, they are engaging in three processes simultaneously, all of which have slightly different behaviour, skills, knowledge, actions and value expectations. These processes are *acquiring* the discourse, at the same time *enacting* the discourse that they are in the process of acquiring as well as *being interlocutors* of the discourse to others in the context. These can be patients, their relatives and other personnel on-site. Enacting the discourse constitutes participating in the discourse in a way that students are recognised as doing occupational therapy and developing the identity of an occupational therapist. In essence the students are 'doing' occupational therapy, 'being' occupational therapists while in the process of 'becoming' occupational therapists (Wilcock, 1998). These processes engage different meaning making strategies and they are at play at the same time. This highlights the complexity of learning in practice education.

Engaging in these access negotiation processes, the literacy practices can potentially be overwhelming for students, particularly those whose discourses are incompatible to the occupational therapy discourse being negotiated. Students whose home discourses are not white, middle class are likely to experience academic discourse as

alien and have difficulty explaining it (Boughey & McKenna, 2016). The participants agreed that occupational therapy was difficult to explain to others as they themselves were in the process of making sense of it.

Bearing in mind that they were enacting the new secondary discourse while acquiring it, the participants were likely to draw heavily on other discourses to support enactment of the new discourse. They were using resources that were available to them to participate in the new discourse, what Gee (1996) terms “mushfaking” discourse. It could be assumed that the participants only gained marginal fluency of the occupational therapy practice discourse.

Unsatisfactory mastery in practice is a consequence of limited acquisition in the classroom (Gee, 1996) and this can manifest in different ways. For example, in her written work, Lebo was misappropriating terminology, perhaps signalling poor mastery of content. In addition to misappropriation, limited meta-knowledge manifests as omissions in work presented by both Lebo and Unathi. Limited meta-knowledge significantly limits critical thinking (Gee, 1996) and reasoning that is informed by theory. For instance, Lebo mentioned struggling with assessments in the physical placements as she had avoided learning the assessments thoroughly as she found them “*too challenging.”* Tiyiselani on the other hand, seems to have had a relatively good handle of occupational therapy content, therefore the process of enacting it in practice was comparatively easier as she was more proficient in the meta-knowledge. As she indicated, practice enabled her to gain a deeper understanding of the theory.

The participants unanimously agreed that opportunities for practice in handling vast knowledge acquired over the years was limited in the classroom space. The participants also identified lack of explicitness about requirements and how to fulfil them as having an impact on the process of accessing and enacting the discourse. The discussion on primary and previous secondary discourses could indicate a need for development of skills and attitudes in practice learning. While this does take place, it is evident from the participants’ narratives that the duration was insufficient and practice opportunities were perhaps limited. This resonates with a finding in a study conducted by Naidoo, Van Wyk and Joubert (2014) where final year students also indicated that time spent in practice learning was an issue that impacted their

competence. It is possible that the constrained opportunities for practice contributed to participants' recruitment of other discourses to make sense of what was required of them in practice learning.

Implications for occupational therapy education

This discussion raises some issues for occupational therapy education that are worth critical engagement. Some of the most significant implications that emerge are curricular and pedagogic limitations. For instance, instead of being perceived as a hindrance, primary and previous secondary discourses are resources that students have at their disposal that can be used to facilitate learning. Without these discourses, students are operating from a baseless starting point which impacts their acquisition of the occupational therapy practice discourse. As Gee (1990) and many others have argued, a significant body of research has shown that learning is best facilitated by building on prior knowledge (refer to section 2.2.1).

Not valuing and incorporating these students' primary and previous secondary discourses in teaching and learning activities, even unintentionally perpetuates hegemonic practices of the dominant discourse, by reproducing unequal access to social goods. Re-production of discourse tends to favour dominant social groups and knowledges, values, beliefs and discourse of non-dominant social groups become silenced (Gee, 1990). Through these processes of reproduction and silencing, the ideologies of the dominant social group become the norm and the standard.

This could suggest that current occupational therapy training is producing a particular kind of occupational therapist, one that is more suited to serve the dominant social group than the non-dominant social group that makes up the nation's majority. What counts as literacy in occupational therapy "seems to privilege certain types of literacy and people" (Gee, 2008, p. 67), thereby producing an occupational therapist with a particular identity. Although the curriculum that the participants were engaged in aimed to produce an occupational therapist with a set of competencies that would enable a different kind of practice, one that operates in role emerging settings, some of the content and dominant pedagogic practices oppose this vision.

Limited knowledge and understanding of students' primary and previous discourses denies educators the opportunity to facilitate meaningful active learning among these students, therefore granting 'epistemic access' (Morrow, 2009). In this process, educators could also learn from the students, thereby co-creating knowledge and transforming the discourse. Developing contextually relevant curriculum requires recognition, acknowledgement and respect for discourses of non-dominant social groups.

Although there is a need to model the expected behaviour and ways of using knowledge to students, it is important to realise that this could further subjugate ways of establishing relationships that perhaps resonate with non-dominant discourses in occupational therapy practice. This recommendation does not propose that students be taught the kinds of ways to behave so that they could be accepted as entry level occupational therapists. Rather it proposes that the other forms of knowledge and ways of being and behaving be recognised as equally as important and warranting access to relevant social goods. This view of other ways of knowing and being could make it possible for occupational therapy to transform from a white middle class profession to a diverse profession whose members can offer services to meet the needs of a diverse range of people.

6.2.2. Multilingualism as a resource, not a deficit

The subject of multilingualism extends to the discussion on students' home discourses and resources that are regarded as a problem in the context of higher education. There is a tendency to conflate proficiency in English with academic literacy. Hence, there are assumptions that students' proficiency in the language of transmission is the issue (Boughey & McKenna, 2016). For instance, supervisors in this study indicated that English proficiency directly impacted on students' development of professional competencies. This reiterates a pervasive belief across higher education, that multilingual students are cognitively disadvantaged (Hornberger & Link, 2012). Considering that occupational therapy education and practice are largely informed by monolingual and mono-cultural Western ideologies, it is more likely that multilingual and multicultural ideologies will be accepted only to a certain extend or totally negated. In this context multilingualism is perceived and named as a 'problem' (McKinney,

2017, p. 4) that impacts multilingual students' ability to become occupational therapists.

The data presented in Chapter 5 suggest that educators valued multilingualism as instrumental to facilitating development of relationships between students and service users and therefore permitted use of various linguistic resources. However, some educators limited use of multilingual resources in situations such as during performance evaluation of students where use of these resources was denied. Deviance from 'anglonormativity' (McKinney, 2017) was permitted only to a certain extent as allowed by authority, thereby demonstrating tolerance towards other languages as opposed to perhaps valorisation of them. This conditional permission to recruit linguistic resources positioned these multilingual students at a disadvantage, granting them only marginal or no access to the relevant social goods. This also curbed the students' potential to develop an occupational therapy identity using their home languages, thereby establishing some resonance between their 'imagined communities' (Anderson, 1991) and their identities in the learning context.

An alternative understanding of language through which multilingualism can be valued is that of language as 'social practice' (Fairclough, 1992), that was adopted in this study. This aligns with recent shifts in conceptualisation and theorising about language practices, where language is thought of as an activity that language users engage in, rather than a system that they draw on, so language users actually language (Pennycook, 2010). "Languaging is a concept that emphasises the agency of language users as they utilize semiotic resources at their disposal in strategic ways to communicate and act in the world" (Gort, 2015, p. 1). For instance, Lebo narrated a situation where she had to communicate with a patient that spoke IsiXhosa and Lebo's proficiency in this African language was poor, so she recruited and combined linguistic resources from other named languages to facilitate communication. This could be regarded as an example of 'languaging' and it shows her agency in co-constructing an experience with the patient.

It could be deduced that when participants use languages that enable them to establish a connection with their service users they are perhaps demonstrating becoming "public-good professionals who act responsibly towards others" (Walker &

McLean, 2010, p. 848). Although Lebo was not proficient in the patient's home language, she decided to still offer therapy by devising strategies to enable communication, rather than denying the person service due to language barriers, therefore acting responsibly towards the patient. When she was allocated this patient, she was assigned a subject position, but the social context within which she had to interact with the patient shifted the assigned position, because of language. However, Lebo and the patient co-created a hybrid language to enable interaction. Lebo used resistance as a strategy of agency.

Use of linguistic resources in a context different from where they are often used demonstrates agency. There is an increasing likelihood for students to be multilingual or use hybrid languages during interactions with others, due to the fluidity of boundaries between named languages. In South Africa, this fluidity in boundaries stems from "increased contact between different languages that were previously segregated" (Makalela, 2015, p. 128). These shifts in language challenge monolingualism, particular as the norm and standard, because in reality this is not the case. Similar to Lebo, Unathi and Tiyiselani also recounted situations where they co-created hybrid languages during interaction with service users. Unathi drew from IsiZulu, English and the limited IsiXhosa creating a hybrid language to interact with service users whose home language was IsiXhosa. Tiyiselani also drew resources for Sepedi to communicate with a Sesotho speaking patient. These examples of the participants' language practices demonstrate a high level of cognitive ability, which is often questioned on grounds of their multilingualism. This ability to 'language' is often not rewarded, even though its usefulness is recognised. This is could be an example of devaluing of students' resources that they bring into higher education when the resources are not the dominant preferred ones.

When multilingual students interact with each other outside the classroom, they already draw on their multilingual resources to make sense of curriculum. Using their linguistic resources supported their learning. However, there exists very limited opportunities for these students to verify their understanding of content in their home languages. This is despite the high likelihood of working in communities where they have to practice occupational therapy in a language other than English in the future. This could signal a gap in their preparation for future practice. In order to bridge this

gap, educators themselves would need to be equipped with more linguistic resources. Currently, only a small fraction of educators in the Division of Occupational Therapy at the University of Cape Town can understand the dominant African language spoken in the Western Cape where the university is situated. This could communicate the value placed on this African language.

Implications for occupational therapy education

Language has a crucial role to play in society. It is through language that society is understood and language shapes the way society works (Mackey, 2007). Individuals use language to shape their reality and to assume subject positions. “Language can be a symbol of group identity and is an important feature of multilingual societies” (Ige, 2010, p. 3047). Considering the proposition that language constructs relations, identity and ideologies (Fairclough, 1992) it makes sense that these African language speakers drew on their home languages to relate to service users that were of African descent. In this way the participants used language to establish solidarity.

Similarly to the function of primary discourses in learning, in their multiplicity and hybrid states, linguistic resources are used as the basis for making meaning of the language of the discipline. As Barret (2005) indicates, “language is productive and shapes our understandings of ourselves, others and what is or is not possible” (p. 81). When multilingual students draw on their linguistic resources to make sense of content, thereby creating knowledge, they are also gaining perspective of what is possible or not with that knowledge, both for their service users and their own life worlds. Denying students the “opportunity to learn using familiar linguistic and communicative resources” (McKinney, 2017, p. 2) deprives them of actively participating in the learning process. Supervisors were cognisant that students whose proficiency in English was considered poor often retreated into silence. The predominantly monolingual nature of occupational therapy education perhaps contributes in some way to exclusion of multilingual students. This could play a part in the persistently poor graduation rates among African language speakers, as these students lack the preferred language resources, therefore their access to ‘social goods’ (Gee, 1990) is inhibited.

From the discussion above one could conclude that making sense of occupational therapy content is a complex process, particularly for multilingual students. Many important occupational therapy concepts cannot be directly translated into named African languages in South Africa. This raises a question of resonance and relevance of those concepts to those that speak those languages; without resonance there is a likelihood of disconnecting with the content, which then impacts on the student's ability to embody the knowledge. This limitation could impact on the student's ability to use some of the theory in practice.

In order to teach for diversity, educators could actively recruit or facilitate recruitment of resources from primary and previous secondary discourses to support learning. However, if historic pedagogic approaches are used and educators have limited knowledge of shifting to accommodate the changing student profile, it will be challenging to put this into practice. In implementing teaching methods, educators also have to be cognisant of the fact that transmitting thought in a language other than the home language is a complex process (Boughey & McKenna, 2016). Therefore in order to facilitate active learning, there is a need to make explicit many of the taken-for-granted aspects of practice education that make up the hidden curriculum. One of these assumptions includes, taking for granted that students will draw similar interpretations from engaging with text.

Language is not isolated from the socio-historic-political context that shapes a communicative interaction as well as the worlds of those interacting. Languaging (Gort, 2015) then becomes the site where worlds meet, and their co-existence is negotiated. Through this process, positioning is negotiated, discourse is transformed and history is built. Drawing on their linguistic resources, the participants were drawing on their life worlds to interact with others in a meaningful way and in turn positioning themselves, enacting and transforming discourse and co-creating history. This highlights the potential of language as social practice to create and transform social practice during communicative situations.

6.3. Understanding practice learning as social practice

In this study literacy and language are understood as social practice, therefore learning itself is social practice. This perspective foregrounds the centrality of language and identity to learning, demonstrating the interplay between identity on the one hand and agency in the form of resistance and conformity on the other. In this interplay, subjugated discourses were drawn on. By drawing on their often marginalised and subjugated discourses, the participants contested and resisted hegemonic practices of the occupational therapy practice discourse and the academic discourse.

The social is evident in practice learning and the role of language and identity is foregrounded in the relational process of learning. However, existing definitions of practice learning or fieldwork present it as an apolitical activity, although interactions and relations with others are always value-laden. One definition highlights that fieldwork is time spent in the context of practice fulfilling learning outcomes (Hocking & Ness, 2002) and the other foregrounds the transformation that takes place in the student as they interact with the context (Duncan & Alsop, 2006). However, both definitions do not foreground the interdependent relationship between the student and the context or the socio-historico-political nature of learning in the practice context. The context creates and shapes identities, and the self is then required to engage creatively with contextual elements to develop a new self, thereby shaping new possibilities (Walker, 2006) for participation.

The practice learning context is the only context within which students develop professional competencies and engage in becoming occupational therapists. In this context, students are not passive recipients of curriculum, but they are active 'transformative agents' (Walker & McLean, 2010) who are shaping the very context that shapes their participation. This highlights agency as an important aspect of learning and identity formation. "Agency means that each person is a dignified human being who shapes his or her own life in co-operation and reciprocity with others rather than simply being passively shaped and pushed around" (Walker, 2006, p. 4). As Gee (1990) points out, learning is a process of negotiating access to secondary discourse. This process entails negotiating power relations, structures and the self. These actions

take place in a continuous push-pull tension of resisting and/or conforming to assigned subject positions that requires a level of creativity. This kind of creativity is captured in Sewell's (1992) definition of agency: "an ability to coordinate one's actions with others and against others, to form collective projects, to persuade, to coerce, and to monitor the simultaneous effects of one's own and others' activities" (p. 21). This highlights the use of available resources to transform activities, in this case discourses. The interplay between the self, others and use of available resources is foregrounded.

Based on the discussion above, practice learning could be understood as social practice. Adopting social practice as a lens means recognising that during "engagement in everyday activities in the real world, processes of production, transformation and change in the identities of person, knowledgeable skill in practice and communities of practice are taking place" (Lave & Wegner, 1996, p. 143). As students partake in practice learning they engage in all these processes as they develop fluency in the literacy practices of occupational therapy practice.

Conceptualising practice learning as social practice aligns with the academic literacies approach. The approach views literacy and learning as "situated, dynamic, epistemological social processes that include power relations between people and institutions and social identities" (Lea & Street, 2006, p. 228). From a social practice perspective, "learning, thinking and knowing are relations among people in activity in, with and arising from the socially and culturally structured world" (Lave & Wegner, 1996, p. 145). Informed by this lens, practice learning can be defined as a situated process of production, transformation and acquisition of information, knowledge, skills and identities in the socio-historic-political context of occupational therapy that is mediated by negotiation of continuously shifting power relations with people and institutions using available discursive, linguistic and other resources. This understanding highlights practice learning as a creative process of 'doing, being and becoming' (Wilcock, 1998) an occupational therapist in a specific context using relations and resources.

In practice learning students acquire information about the context of practice and the service users to produce professional genre using that information. This process entails transformation of that information such that it aligns with the production

principles of the genre and becomes situation specific knowledge that informs other processes in occupational therapy practice. This knowledge is then transformed using knowledge acquired in the classroom to produce a plan for a therapy session. In this process, skills for practice and reasoning are acquired. Underlying these processes is processes of negotiating power relations and identity while developing identity and transforming practice using available resources.

Understanding practice learning as social practice could draw attention to the fact that students have histories, desires and visions that inspired them to enrol for occupational therapy. In order to ensure that they are active participants in their learning and that they become health professionals who can serve the greater public, it is important to explore their histories, desires and visions. This would facilitate recognition of resources and literacies that students bring into the education context, therefore enabling educators to see student's agency as part of the learning process that has to be fostered instead of restricted, hence this is a case of engaging in practice learning as social practice.

To harness student agency, pedagogic practices would have to shift to a more collaborative approach between students and educators; an approach that fosters a sense of belonging within the institution (Pym & Kapp, 2013). This approach would be one that acknowledges and positions students as active participants in the knowledge production process where educators and students would not only learn together, but from each other as they transform the occupational therapy practice education discourse. Practice learning would then live up to its potential to offer students various opportunities to build confidence and advance integration of knowledge and skills, therefore further improving learning (Van Vuuren, 2016).

Conclusion

This chapter highlights that, contrary to commonly held beliefs, challenges that many African students encounter in higher education cannot be solely attributed to their proficiency in the English language. There are other factors such as experiences of hegemonic structures that manifest through pedagogic practices, preferred ways of enacting literacy practices and the curriculum, that are at play in perpetuating under

performance among this category of students. Their learning is marked by a complex process of negotiating a different culture, an institutional culture that alienates them. In addition, they engage in and with ideologies and epistemologies that perceive their lives and backgrounds as deficient and alien. It makes it challenging to gain access to a discourse whose established members perceive one's discourse as 'different' (Gee, 1990).

It is evident in this chapter that the lives, backgrounds, and resources drawn from primary and previous secondary discourses could be essential for learning in this context. An important contribution of this chapter is an attempt to shift perspective in understanding learning in the practice context that conceives of students as social beings engaged in social practices. During learning students "draw on these discourses both consciously and unconsciously, and in differing ways either take up or reject the positions offered under specific conditions of possibility" (Walker, 2001, p. 79). This conceptualisation takes cognisance of the role of agency in learning. "Agency is both being and becoming" (Walker, 2006, p. 4). The chapter ends off with a proposition for a different understanding of practice learning as social practice, one that foregrounds the social nature of learning.

Chapter Seven: Conclusion and Recommendations

In this chapter I present the conclusion to the thesis which draws attention to the findings and highlights the study's contribution to the existing body of knowledge. Limitations are also discussed and recommendations are presented.

7.1. Overall Conclusion

The purpose of this study was to explore learning in the practice education context. Particular attention was paid to how African language speaking students use theory in practice, and on identifying strategies that they employ to navigate the curriculum. The rationale for this was that learning is a complex process. The analytical framework was instrumental in providing means to foreground these complexities, particularly tensions and contradictions that the participants encountered in this context.

Health professions education as a field is relatively new, especially in Africa. Occupational therapy as a profession perhaps lags behind in research seeking to understand student learning from the students' perspective. In addition, learning among African home language speaking students has not been explored within the profession, despite the unsatisfactory graduation rates among this category of students. Research that currently exists in occupational therapy hardly draws on theories of education or learning; focus on teaching and learning practices within the profession is also limited. This study provides insights on some of these practices. The research design was key in facilitating exploration of learning processes and experiences from multiple perspectives.

Prior to embarking on this study I also assumed that African language speakers underperformed in occupational therapy because of their proficiency in English. This is a shared belief among educators in occupational therapy as was highlighted in the findings chapter. As indicated in the discussion chapter, this belief in not unique to occupational therapy, but is a commonly held assumption in higher education; the 'language problem' (CHE, 2016). Through this research project I learned that language was not the only issue or even the main contributing factor to underperformance.

Another assumption I held was that African language speakers that had successfully progressed from one year to another would be more prepared for practice education, therefore would continue to perform relatively well. However, I established that passing in first and second year did not necessarily guarantee success in third year practice education. In fact, one of the participants failed the first block and the other was dissatisfied with her grades.

7.2. Contributions

The thesis provides valuable insights on how African language speaking students in occupational therapy engage in the learning process in the context of practice education. The findings and discussion chapters highlight the participants' creativity in recruitment, transformation and repurposing of available resources to facilitate learning. These efforts granted access to social goods to varying degrees. It was also evident that participants chose resources based on factors such as their 'imagined communities' (Anderson, 1991) and social goods that they deemed important for a particular event and time in practice learning. At times, the participants chose to establish solidarity with the service users and forego other social goods that could have been regarded as important by the discipline, such as assuming a position of authority.

The participants' ability to negotiate power relations and assigned subject positions was evident, demonstrating some agency. To exercise this agency, participants used resources that were perceived as a problem in the higher education context: academic, linguistic, cultural and discursive resources as well as the self. However, in this study these resources were recognised as resources that supported learning. This finding is similar to that of Pym and Kapp (2013) who established that past identities and literacies play a role in the process of negotiating access to a new discourse.

The participants predominantly recruited and repurposed resources from their backgrounds and their primary and previous secondary discourses. This finding aligns with a number of propositions made in the theory of Discourse (Gee, 1996) that was the main theory used in this study. This theory of Discourse has not been used in occupational therapy research, particularly to advance understanding of learning.

Conceptualising practice education as discourse was instrumental in enabling analysis that illuminated the multi-layered nature of curriculum, curriculum expectations, pedagogy and learning processes. As the basis of the analytical framework, this theory enabled unpacking and identification of literacy events and practices in occupational therapy practice, which is an important contribution of this study. This process of analysis illuminated the complex nature of learning in practice education.

From the analysis, a conclusion could be drawn that the practice education curriculum, its delivery and assessment of outcomes seems to privilege students whose primary discourse is white middle class, as this aligns with the occupational therapy discourse that they are negotiating access to. Occupational therapy practice literacy practices are often not explored even though they largely influence fluency in the literacy events, hence participants highlighted lack of explicitness as a factor that negatively impacted their learning. These practices form part of the hidden curriculum that is not readily accessible to some students, particularly African home language speaking students in this case, whose discourses are different from the occupational therapy discourse.

Although proficiency in English is the dominant discourse put forward as a determinant of student success, there are a multitude of factors that could explain success or failure among students. In particular, the difference between African students' primary discourses and that of the discipline seems to be a signiicant factor that determines success. Curriculum misalignment and pedagogic practices that do not take into account diversity, are not inclusive. Assessment practices that are not transparent and are misaligned to the stated expectations were indicated as contributing factors to challenges experienced by students in practice learning. The research findings align with findings from research in education, particularly research in areas of discourse, academic literacies, identity and student engagement.

7.3. Implications

The findings from this study have implications for occupational therapy practice education and curriculum development.

For occupational therapy practice education

The three recommendations for occupational therapy education pertain to delivery of the curriculum. Firstly, in order to support and facilitate learning in practice education, curriculum requirements have to be made explicit. In addition to that, methods of fulfilling the requirements have to be taught and modelled, and their mastery scaffolded. This will ensure that students have meta-knowledge about curriculum requirements, even though their interpretation of them could differ. Modelling and scaffolding would then ensure that students acquire 'ways of doing-being and believing' (Gee, 1990, p. 143) that are valued within the profession. This would in turn grant them access to the relevant social goods.

Secondly, a change in pedagogic practices is imperative. The increasing diversity of the student body, coupled with the increasing number of students, warrants a review of some of the dominant pedagogic practices. To 'harness student agency' (Pym & Kapp, 2013), pedagogic practices could adopt a more collaborative approach between students and educators. This approach would be one that acknowledges and positions students as active participants in the knowledge production process, therefore educators and students would not only learn together, but from each other as they transform the occupational therapy practice education discourse. These teaching approaches could be explored in the classroom and then extended to practice, so that both students and educators are familiar with them.

Lastly, it is recommended that educators develop a different understanding of students' backgrounds and home languages. This requires a shift in perception of these as problematic, to acknowledging, appreciating and incorporating resources that students bring with into the higher education context in teaching and learning spaces, through using different pedagogic strategies. Transformation of the occupational therapy discourse to create spaces for exploration of different 'ways of knowing, doing and being' (Gee, 1996) in occupational therapy practice would underpin this move towards teaching for diversity. Grounding teaching methods in theory and acquiring knowledge on teaching practices would support actualisation of these recommended shifts.

For curriculum development

Insights into how African home language speaking students learn and use resources to support their learning are important for curriculum development. The occupational therapy practice education curriculum, particularly in this context, could allow for incorporation and exploration of other epistemologies and languages that are currently marginalised. This would prepare future occupational therapists that could provide services to the majority of the population of South Africa. Although this could seem short-sighted in light of the current move towards globalisation and increased mobility across the world, these graduates would have developed consciousness and skills to embrace diversity, which would enable them to practice anywhere in the world. This shift would also begin the process of transforming occupational therapy as a profession as these graduates would practice differently.

Development of a contextually relevant and globally recognised occupational therapy curriculum requires knowledge and understanding of curriculum development, which is a growing area in occupational therapy. An area of focus for redesigning curriculum is ensuring alignment between aspects of the curriculum and creating spaces for engaging with its hidden aspects. Therefore, review of the existing curriculum would be useful for highlighting areas that require strengthening. Although the findings highlight such potential, there were limitations that would require further research.

7.4. Limitations

Methodology limitations

One of the main limitations or concerns raised about the case study method is the limited ability to draw generalisations from it. The design is said to provide poor basis for drawing generalisations that can contribute to scientific theory development (Stake, 1995, Yin, 2009 & Flyvberg, 2001). However, this research did not set out to provide generalisations, but aimed to gain an in-depth, comprehensive understanding of the process of gaining access to the practice education discourse and how a complex interplay of contextual factors shapes this learning process as experienced by African language speaking students. However, the intention was not to generalise the participants' experiences to all African language speakers in occupational therapy.

This approach created an opportunity for developing a theoretical understanding of practice learning as social practice.

For ethical reasons, I decided not to embark on direct or participant observation of the students in practice learning. The decision was taken to protect the identity of the students, the patients and other stakeholders in the setting. This would have enabled first-hand experience of their process of negotiating access to the discourse. Observations would have been useful for corroborating interview data. Other data collection methods such as document review and focus group discussions with supervisors were used to triangulate data. Reflective journals were also employed as a means to continue data collection across the year in addition to face-to-face interviews. However, engaging with colleagues as participants was challenging as I had to think carefully about how to document and share findings. Keeping a reflective journal and debriefing with supervisors assisted.

Although it is the right of a participant to withdraw from the research at any point, the subsequent withdrawal of one of the participants was unexpected and it led to only three participants for this study. In-depth cross-case analysis of data, however, ensured that the quality of the research was not compromised due to the withdrawal. Data from the other sources, particularly the participants' written work enabled understanding of learning from different perspectives and it was used to triangulate interview data.

7.5. Recommendations for future research

Future research that includes embarking on a longitudinal study that tracks students from the first year of enrolment and follows their educational trajectory would enable identification of areas or aspects that contribute to the inequality in attainment of educational outcomes for this category of students. Uncovering these aspects could also highlight areas where students require assistance and perhaps the nature of assistance that is appropriate for different transition points. Alongside this longitudinal study, there could also be one that explores pedagogic practices across years and how shifts, if any, impact learning. Pedagogic practices in different educational spaces within the programme are also worth studying.

In this study, only students that were successful across the years were recruited. Research focusing on the experiences and processes of students that were performing poorly is recommended. In essence, to promote access to education for all and address inequalities in attainment of educational outcomes among population groups, there is a need for continued research on teaching and learning in occupational therapy coupled with regular reviews of both curricula and teaching practices.

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Appendices

Appendix 1: Exit competencies

Graduate outputs:

Upon completion of the occupational therapy programme it is envisioned that the graduate of this university will be:

- A therapist who appreciates contextual barriers and opportunities for occupational engagement and is equipped to use occupation and other relevant modalities as the means of promoting participation in life,
- a lifelong learner and reflective practitioner who applies clinical reasoning in all its five types as well as inductive, naturalistic inquiry to generate understanding about humans as occupational beings in health and in ill-health,
- a health service provider who endorses the theoretical and philosophical base of person-centred occupational therapy through appropriate actions aimed at meeting the health and occupational needs of individuals, groups and communities,
- a skilled, basic grade practitioner who is able to apply an occupational therapy process in a variety of settings and in different sectors of the public service with individuals, groups and communities across the lifespan according to the primary healthcare philosophy,
- an effective team worker who has the ability to create, nurture and optimise opportunities including environmental adaptations for the development of human potential through occupation, particularly disabled people and persons who are developmentally and occupationally at risk
- a self-motivated administrator who is committed to collaborating with, others in a spirit of collegiality in developing, interpreting and implementing policy,
- a professional who complies with the ethics, norms, values and standards of the occupational therapy profession with due consideration of indigenous African worldviews, and
- a socially engaged citizen who is committed to the affirmation of diversity and transformation of society through addressing occupational justice

(Division of Occupational Therapy, 2013, p. 29)

Appendix 2: Ethical Approval

UNIVERSITY OF CAPE TOWN

FACULTY OF HUMANITIES

DC: HUM /

PROPOSAL APPROVAL FORM

DOCTORATE (A research proposal must accompany this form)	RESEARCH MASTERS (A research proposal must accompany this form)	C/W MASTERS

SECTION A: (To be completed by candidate)
Please complete this form and return it to the Faculty Office once you have obtained the signatures of the supervisor(s) and Head of Department.

Surname	RAMAFIKENG				First Name(s)	'MATUMO CATHERINE
Title	Mr.	Ms.	Mrs.	Miss	Student No	RMFMAT001
Address	1 TWICKENHAM ROAD					
	MOWBRAY 7700					
Telephone(Home	—				Work/Cell	0792247992

Note: Your UCT Email address is the default email address for all official communication – make sure that you access it regularly.

Department	SCHOOL OF EDUCATION.
Title of Dissertation:	STUDENTS' NEGOTIATION OF PRACTICE EDUCATION IN OCCUPATIONAL THERAPY: A CASE STUDY.

Qualifications held			
Degree/Diploma	Major(s) &) Subjects	Month/Year awarded	University
BSc IN OCC THER	OCCUPATIONAL THERAPY	12/2003	UCT
MSc IN Occ THER	HUMAN OCCUPATION	12/2010	UCT

Signature of candidate: _____ Date: 02/12/2012

SECTION B:

	Name	Signature	Date
Supervisor	A/Prof Rochelle Kapp R. Kapp	R. Kapp	4/12/2012
Co-supervisor (if applicable)	E. RAMUGONDO		2-12-12
HOD	P CHRISTIE		12/12/12
Deputy-Dean: Research	A/R A. SPIEGEL		18.12.2012
Ethics approval obtained where applicable	on behalf of Departmental Ethics Committee		13/12/2012

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Appendix 3: Approval to recruit students

	RESEARCH ACCESS TO STUDENTS	DSA 100

NOTES

1. This form must be **FULLY** completed by applicants that want to access UCT students for the purpose of research..
2. Return the completed application form **by email, in the same word format,** together with **your research proposal and a copy of your ethics approval letter / proof** to: Moonira.Khan@uct.ac.za. You application will be attended to by the Executive Director, Department of Student Affairs (DSA), UCT.
3. The turnaround time for a reply is **approximately 10 working days.**
4. NB: It is the responsibility of the researcher/s to apply for and to obtain **ethics approval,** as well as approval to access UCT staff and/or UCT students, from the following, respectively:: (a) Chairperson, Faculty Research Ethics Committee' (FREC) for ethics approval, and (b) Executive Director: HR (access to staff) (c) Executive Director: Student Affairs (access to students).
5. **Note:** UCT Senate Research Protocols requires compliance items (1) and (4) , even if prior clearance has been obtained **from any other institution.** This applies to ***all*** persons/institutions conducting research for academic, marketing or service related reasons.

SECTION A: RESEARCH APPLICANT/S DETAILS

Position	Staff / Student No	Title and Name	Contact Details (Email / Cell / land line)
A.1 Student Number	RMFMAT001	Ms 'Matumo Ramafikeng	Matumo.Ramafikeng@uct.ac.za 0792247992
A.2 Academic / PASS Staff No.			
A.3 Visiting Researcher ID No.			
A.4 University at which a student or employee	UCT	Address if *not* UCT:	
A.5 Faculty/ Department/School	Faculty of Humanities, School of Education		
A.6 APPLICANTS DETAILS If different from above	Title and Name	Tel.	Email

SECTION B: RESEARCHER/S SUPERVISOR/S DETAILS

Position	Title and Name	Tel.	Email
B.1 Supervisor	A/P Rochelle Kapp	021 650 4072	Rochelle.Kapp@uct.ac.za
B.2 Co-Supervisor/s (a)	A/P Elelwani Ramugondo	021 406 6048	Elelwani.Ramugondo@uct.ac.za

SECTION C: APPLICANT'S RESEARCH STUDY FIELD AND APPROVAL STATUS

C.1 Degree (if a student)	PhD (Education)
C.2 Research Project Title	Students' negotiation of practice education in Occupational Therapy: A case study.
C.3 Research Proposal	Attached: Yes ■ No ☐
C.4 Target population	
C.5 Lead Researcher details	If different from applicant:
C6. Will use research assistant/s	Yes ☐ No ■
C.7 Research Methodology and Informed consent:	Research methodology: Informed consent:
C.8 Ethics clearance status from UCT's Ethics in Research Committee (EiRC)	Approved by the EiRC: Yes ■ No ☐ Awaiting response : ☐ If yes: **attach copy**, and state date/faculty/ ref. no of FREC approval: **Date of application if awaiting response:**

SECTION D: APPLICANT/S APPROVAL STATUS FOR ACCESS TO STUDENTS FOR RESEARCH PURPOSE
(To be completed by the ED, DSA or Nominee)

	Approved	* Conditional approval with terms	Applicant/s Ref. No.:	
D.1 APPROVAL STATUS	*Yes* ■	**(a)** Access to students for this research study must only be undertaken after written ethics approval has been obtained. **(b)** In event any ethics conditions are attached, these must be complied with before access to students.	RMFMAT001/ Matumo Ramafikeng	
D.2 APPROVED BY:	Designation	Name	Signature	Date
	Executive Director Department of Student Affairs	*Ms Moonira Khan*		*31 January 2013*

Appendix 4: Access to staff Approval

HR194	**ACCESS TO UCT STAFF FOR RESEARCH PURPOSES**	UNIVERSITY OF CAPE TOWN IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

NOTES

- Forms must be downloaded from the UCT website: http://www.uct.ac.za/depts/sapweb/forms/forms.htm
- This form must be completed by applicants who are requesting to access UCT staff for the purpose of research.
- A copy of the research proposal as well as the Ethics Committee approval must be attached.
- It is the **responsibility of the researcher/s to apply for ethical clearance** from the relevant Faculty's Research in Ethics Committee (RiEC).
- If you are requesting staff information, you are required to complete the HR Information Request Form (HR190) and submit it together with all the required documentation.
- The turnaround time for a reply is **approximately 10 working days unless specified as urgent.**
- Return the completed application form and all the above documentation to Joy Henry via email: joy.henry@uct.ac.za; or deliver to: For the Attention: Executive Director, Human Resources Department, Bremner Building, Room 214, Lower Campus, UCT.

SECTION A: APPLICANT DETAILS

Title	Ms	Name	Matumo Ramafikeng
Telephone number	0792247992	Email address	RMFMAT001@mycut.ac.za
Student number	RMFMAT001	Staff number	
Visiting researcher ID / passport number			
Faculty Officer contact details	Ms Brigit Smit. Tel: 021 650 5794		
	Mr Pedro Beziek. Tel: 021 6505751		
University or institution at which employed or a registered student	UCT		
Faculty or department in which you are registered or work	School of Education, Faculty of Humanities		
Address (if not UCT)			

SECTION B: SUPERVISOR DETAILS

	Title and name	Telephone number	Email address
Supervisor	A/P Rochelle Kapp	021 6504072	Rochelle.Kapp@uct.ac.za
Co-Supervisor	A/P Elelwani Ramugondo	021 4066048	Elelwani.Ramugondo@uct.ac.za

SECTION C: APPLICANT'S FIELD OF STUDY (if applicable) / TITLE OF RESEARCH PROJECT / STUDY

Degree	PhD in Education		
Research project or title	Students' negotiation of practice education in Occupational Therapy: A case study.		
Research proposal attached	☒ Yes	☐ No	
Target population (number of UCT staff)	5-8		
Amount of time required for an interview and/or questionnaire	1 hour 30 minutes		
Lead Researcher details	Ms Matumo Ramafikeng		
Proof of ethical clearance status attached	☒ Yes	☐ No	

SECTION D: FOR OFFICE USE (Approval status to be completed by the Executive Director, Human Resources or Nominee)

Support or approval			Role	Signature	Date
Supported?	☒ Yes	☐ No	Joy Henry (Office Co-Ordinator)		3/05/13.
Approved?	☒ Yes	☐ No	Miriam Hoosain (Executive Director: HR)		03/05/13

Appendix 5: Practice Learning curriculum for Third year

At the end of third year the student will:

AHS 3107W:

- select, apply and interpret appropriate assessment methods for determining performance enablers and performance components for a range of 'physical' health conditions.
- develop and justify a client-centred occupational therapy plan to address performance enablers, performance components and occupational performance as appropriate.
- demonstrate skill in selecting, implementing and applying change modalities (including activity as means and occupation as an end) to enabling performance and remediate performance component deficits.
- begin to understand how policies inform service delivery and facilitate participation of people with a range of 'physical' health conditions at an individual level

AHS 3108W:

- demonstrate knowledge about and skill in planning and executing an occupational therapy process with individuals and groups of mental health service users
- understand the aetiology (predisposing, precipitating and perpetuating factors) shaping people's mental health and occupational story
- select, modify, adapt and grade appropriate general principles for addressing identified performance component and occupational performance deficits in relation to a mental status examination
- select and apply appropriate generic frames of reference & OT practice models matched to the needs and life circumstances of individuals and groups of mental health service users
- use different modes of clinical reasoning applied to persons with mental health disorders
- document OT plans e.g. intervention planning, reflective journal writing, logs, case stories and reports (discharge summaries, progress notes, referrals)
- work collaboratively within the mental health team.

(Division of Occupational Therapy, UCT, 2012, p. 80)

Appendix 6: Interview questions

Interview guide for Practice Learning Coordinator

Thank you for making time to see me, I really appreciate it. As I indicated, I am interested in how Occupational Therapy students who are African Language speakers negotiate practice education delivered in English. My interest in the Prep for Practice Learning lectures is that I would like to know what they are being taught. The focus is not on you as the lecturer, but on the content as some of the questions that I will be asking students include how they were prepared for the blocks and I might have to draw on the content for some of my interview questions. I would also like to hear about coordination of practice learning; what it entails, your experience of it and some of the highlights and low points of being a Practice Learning coordinator. However, I would like to start off with yesterday's lecture. You mentioned in the email that you cover the basics and logistics around practice learning; things like professionalism, the uniform, the sites, transport and how to deal with critical incidents. Is there anything else that I might have missed?

- You also indicated that there was "a bit of discussion around some sites and requirements." What was that about?

After going through what transpired in the lecture yesterday I will move on to the questions below.

Now focusing on Practice learning coordination, I have a couple of questions:

- What do you do as a PL coordinator? How has it been so far?
- What criteria do you use to select placements for students?
- How do you allocate students to placements and supervisors?
- What are some of the main concerns/anxieties that students have about PL?
- What do you enjoy the most about being a PL coordinator?
- What are some of the challenges you encounter?
- How do you work through them?
- What are some of the things that you highlight as most important to the students in preparation for practice learning? Why are these important?

Interview guide for students

Main questions

What are the students' learning experiences of negotiating practice education?

1. What are your perceptions of practice learning or practice education?
2. What knowledge do you value that you can use in practice?
3. What were your highlights and your low lights? Why do you think these happened?
4. How do you identify suitable assessments and theories to guide intervention with your allocated clients?
5. How do you prepare for practice learning?
6. How do you feel about your performance?
    a. What do you think contributed or hinder performance?
7. How do you feel about the expectations in relation to the written work (Logs and case story)? Why?

What are the tensions and contradictions that students encounter in practice learning?

1. What do you think is the origin of the difficulties that you encountered?
2. Why do you think you encounter these difficulties? Do you feel other students are going through the same experiences? Why? Why not?

How do students use theory into practice?

1. How do you make choices?
2. What theories were you drawing on in your first block? Why?
3. Do you find the theory that you learn in class useful in practice? How? How not?
4. Explain the process that you go through when you use theory in practice.

Life outside practice learning

1. What do you do daily after practice learning?
2. What other responsibilities do you have outside your school work?

What advice would you give to students that enter practice learning for the first time?

Interview guide for Supervisors

- What are the site specific objectives for students in this placement?

- What are your expectations of students in this site?
- What challenges impact on the achievement of the objectives?
- Which theories do you expect students to draw from in this site? Why?
- How do you enhance student learning in this site?
- What approaches do you use?
- What kind of support or guidance in preparation for practice learning and while on site do you think would be crucial for students to receive?

Appendix 7: Examples of written work from students

CASE STORY

BLOCK 1: [redacted]

SECTION A: COVER PAGE

[redacted]

WRITTEN ASSIGNMENT DECLARATION

1. I know that Plagiarism is wrong. Plagiarism is to use another's work and pretend that it is one's own.

2. I have used the American Psychological Association formatting for citation and referencing. Each significant contribution to, and quotation in, this essay/report/project from the work or works, of other people has been attributed, cited and referenced.

3. This essay/report/project is my own work.

4. I have not allowed, and will not allow anyone to copy my work with the intention of passing it off as his or her own work.

Signed by: _____ Date:_____

1. BACKGROUND INFORMATION OF CLIENT

1.1 PERSONAL PARTICULARS

Initials: G.V

Gender: Male

[redacted]

Chronological Age: 52

Home Language: Afrikaans

1.2 INDICATION FOR OCCUPATIONAL THERAPY

GV is a client with a diagnosis of Mania… not just written like this who was referred to the Chief Occupational Therapist – [redacted] on the 4th of March 2012 with the description that the patient could benefit from vocational rehabilitation and was a good candidate for work rehabilitation and training. [redacted] on the 23rd of July 2014 for further vocational rehabilitation with the focus of preparing the client to work and for a placement from what we spoke about this I a living placement so be clear in you case study. The patient is awaiting a placement at Salvation Army and requires skills training in Work and Productive Activities such as cooking, work and money management and socialisation in order to prepare him for the independent placement. GV is currently on a disability grant and he could benefit from budgeting skills in order to manage his finances because he tends to over spend when he has money by shopping for his children and spoiling them or by spending the money on himself and his smoking habits. [redacted], the patient had work outside the hospital, as waht but stopped because of back pain. The patient would like to work as whatand his interest lies in domestic work such as cleaning and vocational rehabilitation will benefit the client in terms of building the skills and required to be a worker not the usual voc rehab activities.. remember you want to match the worker to the worker.

Precautionary measurements with regards to referral:

On admission the patient was actively mentally ill. Symptoms when under influence included psychotic1st tiem you mention this. So see your diagnosis is different.. mania with psychotic features? phenomenon and aggression. Patient has a repeated history of anti-social and violent behaviour which started from an early age. Patient can get agitated very quickly, so making sure to not extend the amount of hours for each session. patient has a low tolerance for anger and can be controlling and these traits of his personality should be considered when running a session with him.

2. UNCOVERING NEEDS AND CAPABILITIES

2.1 ASSESSMENT METHODS

Initial Interview:

According to Crouch and Allers (2005) , the Occupational Therapist may perform an initial interview with the client which initiates communication and builds rapport, alternatively an interview with family members or and other key- role players such as clinicians involved with the client may also be involved. The initial interview which took place [redacted] and the client provided a platform of knowing the patient, his background and establishing his goals and needs. The interview took three hours with regular breaks for tea, smoke break and lunch for the patient. This choice of assessment helped to establish rapport with the client.

Collateral Information:

Collateral information allows one to gain an understanding of the person from others' perspective and unpack more findings about the client. The information was obtained from [redacted] who has worked with the patient before as well as the patient's mother in law and from his folder.

Observation:

The patient was observed during the interview, while engaging in a beading activity and while the patient demonstrated to the OT student on how to close a sports cap prop?. The patient was also observed during his smoking break and while engaging with another patient. This assessment allowed the Therapist to do continuous assessments of the client's performance components, make various observations of how the client behaves in front of other patients and how he behaves around authority figures. This also allowed further assessment of the client's strengths and weaknesses without making the patient feel judged or scrutinised.

The client was also observed in his ward and how he reacts when not in a formal OT environment, the student OT had an opportunity to go to the ward with the patient, where the patient was in charge of taking the therapist through his ward and this allowed the therapist to see how the client deals with leadership and also how he interacts with the people in his wards. The therapist also had the opportunity of seeing the patient's personal living space and again here various performance components were assessed, such as taking initiative, communication and attention.

Activities

Beading, Plucking in Sport caps' bottleswhat is this?, drawings and playing dominoes were some of the activities in which various performance components were assessed. This allowed the therapist to gain a better understanding of the client's needs, assets and occupational functioning while he engaged in these activities. The therapist was able to gain various components of the Mental State Exam (MSE) during these sessions as well as establish his interests.

Psycho-social tests/ assessments

Other assessments that were carried out was a questionnaire of his interests,by asking the client his interest in leisure, work and education allowed the therapist to gain an understanding of the client's interests and how to plan the therapy sessions according to his interests. The Mini Mental Exam (MME) was used to establish a baseline level of cognitive functioning and the client's level of literacy as well as an assessment on budgeting skills.

Any assessment specific to the work area?

2.2 HISTORY

- **Personal history**

GV is a 52 year old male who was born on the 15th of March 2013 in the Eastern Cape where he spent most of his childhood school years. GV comes from a family of three children; he is the second child and has an older brother and a younger sister. Growing up, he had a difficult childhood, with an alcoholic father and a mother who used to abuse him [redacted] His father passed away a long time ago, the client could not recall the exact year. According to the client, his mother used to lock him up in the basement or even hit him at times. He started using drugs when he was a teenager and used to run away from home. He worked as a fisherman when he was 15 years old because he never really enjoyed school. Did he have difficulty learning? What was reason he wasn't liking school? As a result he turned to drugs and was involved in many criminal offences ranging from house breakings to assault and stealing and even attempted murder. The following is a record was he caught and imprisoned for these?of GV's criminal offenses:

1978- Housebreaking with intent to steal
1978- Assault with intent to do GBH
1978- Housebreaking
1982- Theft
1985- Illegal possession of fire arm
1989- Assault, GBH and theft
1980- Theft
1992- Breakout
1992- Robbery
1992- Theft
1993- Malicious damage to property
1994- Breakout

It was recorded in GV's notes that he has murdered a previous girlfriend and he admitted to it, but was never charged and the documents were lost. On the 30th June 2006- GV murdered his mother.

Get your order of events right/ because you are jumping At 19 years of age he went to jail for an attempted murder and served 8 years in jail in Port Elizabeth.
He later moved to Cape Town, where he was attending rehabilitation for drug use and stayed there for two years and this is where he first met his wife and they got married. Mr GV reported on having worked as a Driver for a baking company and in the meantime he was also on drugs and a member of a gang. Before the death of his father, (he reports that his father had a stroke) his father had changed his will because he (GV) was on drugs and this drove him crazy. However, he claims that he still had his share of the will and his mother refused to give it to him because he was on drugs and also he had married a coloured woman and his mother was not very happy about this as she was "racist".

[redacted]

5

[redacted]

- **Health history**
  Besides the mental illness that GV was diagnosed with, he reported that he had no history of mental illness ?, but has had an asthma attack and occasionally experiences chest pains. However according to his medical notes, on admission the patient did not display active features of a mental illness, but was mentally ill at the time of the offense. He was diagnosed with psychosis with religious and numerological themes during observation at Valkenberg Hospital. According to his mother in-law, he always had a problem with his anger and has threatened to kill her before.

- **Medication and dosage**

  The patient started on Haloperidol and then changed to Chloropromazine which he currently is on injection which he takes every 3rd week. The patient mentioned that his responsibility is to manage and control his anger.
  - Dosage: Chloropromazine 300g.
  - Side effects: When he first started he had adverse effect from the medication which caused him to have photo sensitivity. Now, MV reports that he feels lame and tired after his injections.

- **Impairment Experience**
  GV has good insight about his illness and his anger and has attended anger management groups before. GV is stable and he is able to control his anger –which a lot of the time resonates from his ex-wife whom according to GV makes empty promises about having the children visit him at the ward. He is aware of his anger problem and knows how to keep it under control. GV is able to recognise changes in his level of functioning, but not so much his mood when interacting with other patients as he gets irritated too quickly. He is able to recognise changes in his occupational engagement and feels that he has come far since 2006 and is now stable and skilled to become a worker and become integrated into society.

- **Disability experience** **this is the space to hear the patients voice. What does he say about the illness, being at VBh, etc useful to give quotes too**
  Patient wants to be with his children you have tols tols me how many he has? How old they are? Reason for divirce?and to get a job and start living on his own. He is currently awaiting a placement. He does not like being institutionalized because he feels like it set a lot of boundaries and that his freedom is limited to this facility. He wishes that he could have the freedom of leaving and not have to go through a process of having to apply for town parole or if he wants to visit his children. What also

irritates him is the fact that his wife hardly ever brings his children to visit him whenever he is unable to see them. However he is thankful for the treatment he has been receiving because it has kept him stable and helped him with his diagnosis because had he not been diagnosed with a mental illness he would be serving life time in prison and would never have been able to see his children again. The patient mentioned that he loves OT because he does not like sitting in the wards and doing nothing and OT has provided him with many activities to do and he gets paid for the work that he does, so it has added value to his life.

2.3 CURRENT OCCUPATIONAL STATUS

8:00 - 8: 30 Wakes, personal hygiene and prepares for the day
8:30 - 9:00 Breakfasts
9: 00 - 10:00 Vocational Rehabilitation at the OT Department
10:00- 10: 15 Tea Time
10:30 – 12:00 OT continues
12:00 – 12: 30 Lunch
12: 30- 13: 00 Back to OT Department
13:00 OT Starts again
14: 00 Tea Time
14: 15 – 15: 30 Goes back to the ward and relax until supper
16: 00 – 17: 00 Supper
17: 00 – 20:00 Relaxes
20:00 – 20:30 Watches Generations
22:30 Lights Off

Currently GV follows the daily routine of the ward outlined above. During his free periods that is during tea break or when he needs a break, he usually rolls his BB? Don't use slang in yourreport unless you've explained it and smokes cigarettes. Although GV denies having friends or even socialising with other patients, he was observed having a chat with one the other patient, but just briefly asking him a question, he was also observed during a game of dominoes with another patient. GV reports that he enjoys going to town when he is on town parole, to go shop for his children and go out for a meal when he has money. He used to attend cooking groups on Wednesdays, but reports that he has stopped because he does not like the new therapist. He attends beading work every morning in the OT department and also working for various contractors that come into the department. He is also involved in the "Dopies" which involves plucking in of sports bottles caps. He is very committed to the work he does in Voc Rehab and he finds OT beneficial to him as it keeps him busy and he also gets paid every week.

Smoking is a personal routine for the patient and one can see that he is unlikely to surrender it for anything else; though considering his health this is harmful read what the lit says about mental illness and smoking. The therapist would like to negotiate other healthier leisure activities with GV in hope that this may reduce the time and money spent on unhealthy activities, but the client reported that smoking reduces his stress levels.

2.4 OCCUPATIONAL ENVIRONMENTS

Physical His current hospital environment, Valkenberg Hospital, Forensics Ward 11 B (medium security), is a large ward consisting of a dormitory where 20stable male patients sleep, a bathroom, with shower facilities, a dining room where meals are served, a TV where they watch TV , and a small lounge where patients can relax in the evenings. As it is an open ward, the gardens are surrounded by a high wire fence and the entrance is guarded by a security guard. However, the ward has two sections, 11A which is for unstable patients and 11 B which is for the more stable patients. In the open ward, the patient gets more responsibility in order to prepare him to engage in the community and the patient is allowed to leave the ward freely although still expected to abide by hospital rules and regulations (Crouch and Allers, 2005). The client can go to town when he has town parole of which he needs to apply for, he can also go visit his family if he is on leave- but his family does not want him visiting them. GV goes to the OT department every day for vocational work.

Socio-Cultural These patients suffer from various mental illnesses with the most prevalent being schizophrenia, bipolar mood disorder and substance-induced psychosis and have committed crimes varying from more serious crimes like murder and rape to less serious crimes like malicious damage to property. These patients are generally in this forensics ward as after a 30 day observation period were found to be unfit to stand trial, were mentally ill at the time of their alleged offence and have been declared unable to understand the wrongfulness of the offence or unfit to stand trial. Patients in ward 11 are considered either more stable or less dangerous to themselves or others and thus have been moved from ward 20 and other from ward 12 to ward 11 (medium security). These patients are of various races, languages, ages and cultures. The symptoms related to their illness may also affect patients' ability to interact socially as they may withdraw, show antisocial behaviour or act strangely due to hallucinations, delusions etc. Although many patients have limited insight into their own illness, they are often receptive of the bizarre behaviour of others which may cause them to avoid them and prevent social interaction. Having said this however, patients are often seen socialising, rolling cigarettes together and playing pool.

GV says he does not have friends, and does not like talking to people, rather he prefers being on his own because once he makes friends, then they start to depend on you and ask you to do things for them and ask you for money. Is this consistent with collateral source info? However GV has been observed having a group f his close friends he talks to or hangs out with.:) good The only times he ever talks to the other patients is when he asks them a question or when buying his BB from them .He was also observed during a game of dominoes and how he was interacting with the other patient. The current hospital environment is not supportive of the socialisation are you meaning from outsiders? but he is in work area so socialisation isn't restricted to visitors?as visiting hours are short and the only interaction that the patients have are that with one another or with the MDT or staff and other personnel.

Home Environment

Physical According to GV, he lived in a Wendy house in his mother-in-law's yard with his two sons oh he has sonsand wife. The house had two bedrooms and a lounge, but the bathroom was in his mother in-laws main house. The house has electricity and running water.

Social GV's social environment consists of many modelled ?relationships. Although he grew up with his mother and father, he did not have the best of relationships with his parents and reports that his father was an alcoholic and his mother was abusive to him. His two siblings are also in the Western Cape, he's older brother is in George and his younger sister is also in the WC, this should have been under history the name was not very clear. According to his mother in-law who was phoned earlier on, GV's mother loved him dearly and did a lot for him and she would give him money whenever he asked until she discovered that he was on drugs and then stopped giving him money, this caused GV to become violent and whenever he was on drugs he would be angry and threaten to hurt his children or even kill them. When asked about his siblings, GV reported that his siblings did not want anything to do with him since his mother's murder. He also mentioned that his brother has come to visit him a couple of times at the hospital, but he has since stopped and does not come anymore. His wife does bring the children to visit him, but she always makes excuses and this was found in the social worker's notes in his folder. MV mentioned that he used to visit his family in Skillpad, Mitchells Plain, but he was robbed recently there and therefore did not want to go there anymore so he gets weekends off? he fears that they might do something to him or even worse- he might retaliate and this can cause more problems for him regarding institutionalisation and thus delay his ability to be discharged. However the in-law mother mentioned that she is fearful of him and does not want him to visit because she still fears that he might want to hurt them.

2.5 OCCUPATIONAL PERFORMANCE & ROLE COMPETENCE

- **Basic ADLs**
  Currently GV is able to carry out all of his activities of daily living independently as he is motivated and passionate about doing things himself; he has the necessary performance components to carry out these activities and requires no supervision. He receives a disability grant which enables him to go shopping for his toiletries. He mentioned that he has bought himself an electric shaving machine of which he uses when he needs it because he does not want to suffer once he is at his new placement. He also reported that he sometimes uses it to shave the security guard's hair and charges R10 for it as he does not want to use his equipment for free entrepreneurial skills. But he could benefit from functional communication ? and socialization.

- **Work Performance**
  Currently GV works at the OT department in Vocational Rehabilitation for various contracts that come in every week or sometimes monthly. He gets paid R30 a week for the work he does , be it beading, Sport Caps and folding boxes for Nandos in the department. These goods are then taken back to the factories and then to the shops. Other work that he has done/ does there in Voc. Rehab is services for Shoprite such as packing cutlery ~~and so forth~~need to be specific else leave out. GV enjoyed his old job as a driver and if possible he would like to go back to that and he still has his licence which will expire at the end of this year.will/ can he have it renewed while at VBH? His other interest is cleaning and he mentioned that he does not want to do hard labour such as working at a farm because he is too old for that and he would not cope with the demands of that job. But you said earlier domestic work>

- **Leisure performance**

MV's leisure is not too restricted as he can apply for town parole whenever he feels like he wants to go to town what criteria did he have to fulfil to do this? and he spends most of his time in the OT department, and he enjoys watching Generations when heisI back in the wards. He also enjoys playing dominoes; this was evident when playing with the two student therapists and another client. When he has money he likes going to town and buying himself a good meal because he reports that the hospital food can be boring at times. Every Monday, Wednesday and Friday he feeds the fish in the pond by the OT department and calls them his fish.

- **Role Performance**

The roles that were important to GV in the past were those of a husband,?divorced? father, son, and a worker. GV has not been able to fulfil these roles to the same extent since his admission. His main role that he is focusing on at this moment is being able to provide for his children as a father would and also start working to be able to afford to support them. As for the role of a husband, that has changed since his admission as he has been trying to get a divorce oh but it sounds from what you wrote that he is, so then rather say separated and filing for divorce at beginning, but the process has taken a long time and his wife has moved on. His mother in-law mentioned that her daughter had indeed moved on and that the new man in her life was serious about her. He says he would like to be able to see his children grow up and become successful in life and has money from his will that is saved towards their education.

Although GV says he does not want to socialise with other patients in the wards, he still works together with them and he does watch movies with them, he is able to get along with them, but he can become very irritated when they ask him questions. Currently GV engages with the patients on a superficial basic level, however seeing that he also has an antisocial personality, he could benefit on the education effective communication and how to improve his socialisation and maybe establish good friendships.

2.6 Performance Components:

MSE:

- **Appearance:** dresses neatly , clothes looks clean and well groomed
- **Behaviour:** Maintains eye contact and posture
- **Affect and Mood:** Mostly appropriate affect, but when in social interactions with patients affect is inappropriate. Irritable mood, elevated mood. Tell me the difference between mood and affect?
- **Conation**
    - **Behaviour and psycho-motor activity ? :** Aggression - verbal counter part of rage, anger and hostility
    - **Speech: NAD**
- **Thinking:** Normal
- **Perception: NAD**
- **Cognition**
    - **Memory:** Good, short term and long term memory intact

- **Attention and Concentration:** Good
- **Orientation:** Orientated to person, date, time and place

- **Insight:** Good intellectual understanding of illness, and why he is at VBH. There is also emotional insight
- **Judgement:** Good how did you assess this?

2.7 Summary of Assessment Methods : Asset and problem list

DSM IV-R	PERFORMANCE COMPONENT PROBLEMS	AIMS (EXAMPLES)	ASSETS
AXIS I : **Bipolar Mood Disorder-Mania**	• **Behaviour & psychomotor activity** Aggression , Agitation	To calm client down when feeling agitated by other patient and draw him to his feelings	Client is aware of his anger and knows how to control it at times, and has attended anger management classes which have helped him.
	• **Mood feelings and affect** Euthymic mood, Irritable mood	~~When client is irritable, I would like to draw him to his underlying feeling so that he my understand the source of his feeling and how to deal with them~~ Think about this	Same as above.
	• **Perception** NAD		
	• **Thought Processes** Reality testing	To support the client when he is having thoughts of the outside world by giving him additional information. Eg. About his placement- Salvation Army	Client is aware of the demands of the outside world and is preparing himself for that, eg. He has started buying his own shaving machine, while he is still on DG so that he does not struggle once he is out. He is also buying himself his own blankets etc.
	• **Concentration and attention** Patient was able to concentrate without any distractions,for how long could keep the	To help client concentrate on other clients when they talk to him, because he always sends them away whenever they try to	Good communication skills that could also be utilised with other patients

	conversation going without any agitation	talk to him especially when he is talking with the therapist.	
	• **Orientation** Was orientated in terms of time date, person and place.	Maintain Orientation through mind-mapping activities for example or asking client to map his environment	Client is orientated
	• **Memory** Good short term and long term memory	Improve memory, through memory games.	Client is able to recall information from his past and present.
	• **Judgement** Good judgement in relation to his condition and circumstances. Not so good in social context, gets irritated easily.	Maintain good judgement. Ask client to assess the way he responds to other patients.	Able to judge what is good for him and what is bad.
	• **Insight** Pt had insight of his illness and could acknowledge that what his illness was about. Pt is aware that he will have to take medication for a life time and is also aware of how to manage his anger management. In order to remain stable.	Maintain insight through feedback from client about disability experience	Client has a clear understanding of his illness. And realises that if it was not for his disability he would be in jail.
	• **Intelligence** The client is able to understand and follow commands. Recall, mobilize and integrate previous learning in meetings. But struggles with writing – language/ what about writing does he struggle with? Does this give you an indication of why he might not have liked school	Improve intelligence; work on reading skills as well.	Can read and write , but struggles to spell certain words. And this is important because??

AXIS II: **Anti- Social Personality Disorder (Psychopathy)**	• **Personality Traits & patterns of perceiving, relating and thinking about the environment, self and others over time in a wide range of social and personal contexts** • **Defence Mechanisms** Suppression: Client will mention an event from his past, but say he does not want to talk about it.	To improve social interaction with other patients and effective communication What have you read about the features of this diagnosis? To point out to the client that this is a harmful process and that they may reach a level at which they can no longer contain the feelings.	Communicates well with clinicians. Able to start a conversation on an individual level. The client finds it helpful to not talk about these harmful feelings, and just wants to forget about them.
AXIS III : **No diagnosis**	But client reported that he had a history of asthma and recent complains of chest pain problems	To educate client about the relationship of smoking and asthma	
AXIS IV :	• **Problems with primary support group** Separated from wife and?, wife makes empty promises about bringing the children for a visit. The wife has moved on and has another partner. Pt's brother and sister want nothing to do with him. His brother used to visit him, but now he does not. • **Problems relating to social environment** Children are unable to come visit if their mother does not bring them. MV does not want to go visit them, because he was once robbed in that area and	To help MV acknowledge the importance of friendship and how this can help him take his time off stress.	Client is able to talk to his children, he does get along with his ex-wife, he is also able to visit his children for a day when he is on leave. MV is allowed to call his children, and talk to them. He gets along with his wife.

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	fears that he might fight back and cause more problems for himself. • **Educational problems** Did not finish school due to drug use Not able to spell certain words • **Occupational Problems** Finding a job • **Housing Problems** Awaiting placement at Salvation Army. Would like to find own house, but has to find a job for that. • **Economic Problems** MV would like to find a job. • **Problems with access to interaction with legal system** • State patient after being found guilty of murder • **Other social & environmental problems**	To have MV talk to his children in a session and see how he feels after wards. To help him with gaining his reading skills, starting with magazines To improve skills for work readiness and placement. Inform MV on what his placement entails and prepare him for the placement. Prepare MV for work by focusing on performance components and skills necessary for being a cleaner.	Can read and write to a certain extent Currently works at Voc Rehab in the OT department, receives a DG (temporary) and also gets paid every week for the work he does in Voc Rehab. MV is a dedicated worker, always on time for work and does what is required of him. Awaiting placement at Salvation Army. Receives a DG, and a weekly payment from Voc Rehab. MV is committed to his job and provides quality products in Voc rehab

	MV finds it difficult to go out as he has to get parole first and would like to be independent and free.		
AXIS V : **GAF: 60** **GARFS: 55** **SOFAS: 50**	**Work habits** **a) Personal & Social presentation** Well groomed, punctual, regular attendance. Relates well with people in authority, but not with other patients. **b) Work Competence** Puts a lot of effort in his work and provides neat, tidy products with satisfactory results. **c) Work Competence** Not easily distracted or demotivated. **d) Product Speed** Fast paced, shows skills of having done sports caps for a long period of time. But pt. was observed not engaging while therapist was not around him and reported of being bored of doing the same thing over and over **e) Self-Care** No problems detected. Patient takes good care of himself. **f) Social Functioning** Patient only communicates with a close group of patients and others he does not interact with.	To improve work readiness and interpersonal relationships Work on improving frustration tolerance Introduce other form of work to patient, especially around cleaning since that is the area the patient would like to go into. To develop social skills such as assertiveness, anger management, conflict resolution. To expand skills and confidence in other	Able to carry out ADLs

		leisure activities that are inexpensive.	

Good attempt ☺
Please see my comments throughout.
[redacted]

3 HEALTH AND OCCUPATIONAL FORMULATION & RATIONAL:

3.2 Formulation:

3.2 Rational:

Focus of the model

Components of the person

Basic assumptions of the model: relevant to MG

Frame of Reference

4 THE OCCUPATIONAL THERAPY PLAN

4.2 AIM

- **Anticipated long aim:**
- **Negotiated Aims:**
- **Priority short-term**

Principles

Handling principles

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Plan of Action

- **Criteria for selection of activity**

Role of therapist

Optimising Environment

Ensuring change

Activity Summary

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[redacted]

[redacted]

[redacted]

PRACTICE LOG 3

Brief introduction of client

L.T is a 51 year's old married man with 4 children. He was diagnosed with depression with psychotic features. Appears to be a quite person and always well groomed, he maintains eye contact during conversation. He lost his mother, father and two sisters in 2012 ,his the only surviving member of his family .After the death of his father he started to have dreams about him and as a result started drinking excessively which then resulted in visual and auditory hallucination(substance induced psychosis). This is his first admission in a mental healthcare facility. [redacted] He has been working with the OTs and he attends the personal growth, life skills and a creative skills group at the clinic. His stress came about when he started fighting over his father's estate with his uncle and a friend, thus he requested a transfer from work but was not approved thus he is stressed and unable to tolerant frustration, then he became depressed .He have support from his family and friends, his friends come to visit him at the clinic.

DSM-IV: FUNCTIONAL PROBLEMS
Axis 1I Depression with psychotic features. Client present with depressed mood and blunted affect. His energy is low and lethargic and his external motivation is poor. He is slightly anxious, sensitive and irritable .After his father death the client has been having auditory and visual hallucination about his father telling him about his concern for his estate. His recent SHORT TERM? memory have been affected slightly and his psychomotor retardation. The client have poor insight into his diagnosis as he believes that his been punished. Is this a delusion?At present L.T is unable to fulfill his role as a father, friend and worker as he is depressed with anhedonia .This have affected his ability to engage in meaningful activities.

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Axis II deferred
Axis III Medical conditions L.T have the following medical conditions: Diabetes, High blood pressure, Urinary and bowel problems and impaired vision (wear spectacles).
Axis IV Psyhosocial Problems The client lost his family in one year hence he has not dealt with the grief and loss. He was divorced 2 years ago. After his father death he has been fighting over his inheritance with his uncle who has brought a lot of stress for him and it affected the family dynamics. The family conflicts have affected his ability to work effectively as he started drinking excessively as a way of avoiding the hallucinations. These have affected his social life as he has become isolated and withdrawn from socializing. The client lives in an area that has high crime and unemployment; however there is easy access to public services.
Axis V Work and leisure not only work and leisure AxisV GAF The client work is maintained but stresses him as they cannot grant him a transfer. However his hallucination affects his ability to complete his work effectively. Quality of work output deteriorated? Leisure time is spent reading books or watching TV .He does not engage in his previous leisure activities such as drinking with his friends, taking a walk on Saturday morning with his neighbor and going to jazz concert, these have been affected by his depression. He have a GAF score of 59 as he present with mild symptoms and have difficulty in social and work functioning but he generally functioning fairly good. His ADLs is not affected he still carries them independently. Grooming?

1.1 **PLANNING**

Anticipated long term aim

- By the end of 8 months L.T will be re-engaged with his role demands and equipped with an internal locus of control to self-regulate his depression through occupational engagement so that he will be able to resume his roles as a worker, father, husband and friend; and engage in meaningful activities. Excellent- are these your own words?

Main term aim

- To improve frustration tolerance through educating client about ways of dealing and managing stress.

- To alleviate the symptoms of depression and resolve the functional consequences of depressed mood to improve occupational engagement within 4 weeks so that client can engage in previously meaningful leisure activities.

Sessional aim

- To improve and/or increase level of frustration tolerance through educating client about the symptoms and signs and ways of dealing with stress so that by the end of 45 minutes the clients will have identified at least 4 techniques that he can use to manage stress. Good you have made aim specific and measurable

Rationale

People react to stress in many different ways. Discovering your personal stressor and having effective ways to combat them are important in the overall management of stress. This activity will give the client time to explore what are the triggers of stress in his life and how he can manage it effectively. He will also get an opportunity to understand the types of symptoms and signs that he experiences during a stressful situation so that he can get a broader understanding of the mechanism of stress. Furthermore the client will learn about his stress response and get a better understanding of the importance of developing stress relief strategies to counteract his stress response triggers, this will give him the chance to start developing a stress reduction plan by exploring and participating in activities designed to help him to control his stress triggers. Theory around the link between stress and depression would add to this

ACTIVITY STRUCTURE

Warm-up activity: Top ten stressor

1. Meet and greet client and check his emotional/mood state.

2. Give a brief description of what stress is .explain purpose of why focusing on stress Explain and give clear instruction for the activity. The client will be instructed to write down his top ten stressors on a piece of paper. After writing them he will then plot them on a ranking scale using 1-10, 1 being the most stressful and 10 being the least stressful, to see which one is the most stressful situation for him.

3. Once the task is completed the client will then present what he wrote and explore why he ranked his stressors as he did.

4. Introduce the aim of the session by briefly explaining to the client why we doing the activity and how it will help him manage his stress effectively. Good

Main activity: Knowing when you stressed

1. Introduce a situation that will provoke stress for the client or make him feel unsettled or uncomfortable:

The stressful situation

The client will be asked to make a paper box; he will be given written (with visual aids) instructions that he have to follow to complete the task. He will be given 10 minutes to complete a 12 steps instruction task. To make the situation more stressful I will remind him of the time as he proceeds .I choose this situation as it will require him to concentrate and follow instructions carefully in order to complete the task, the time is not enough to actually finish the box and this will make him feel stressed. The instruction are clearly stated and the first 5 steps are very easy which will motivate him to do the task and think that is easy, however as the steps go up the instructions get tricky and get complicated, this will evoke an uncomfortable feeling thus leading to being stressed. Furthermore the activity will help the client learn and understand his signs and symptoms in stressful situations and he will be able to reflect on the experience and learn from it. Just be aware that clients needs to be stable in order to use this approach! Can also use an example from real life

2.Upon completion will do deep breathing exercise to calm the client down.

3. The client will be asked to focus on how he felt during the activity, to think of how he reacted from the start of the task till he was stopped. And identify the symptoms and signs that he experienced during the stressful situation. Hand out stress symptoms and signs worksheet and ask the client to reflect on the entire experience to add symptoms and signs that he left out.

6. Ask client to reflect on previous stressful experiences and see if he can relate the current experience.

7. Ask client if he has any question, if not move on to the closing activity.

Closing activity: Stress reduction plan

1. Ask client what he does to manage stressful situations.

2. Discuss possible ways that client can use to control stress level

3. Challenge the client to pick 4 activities to try put as a way of reducing stress and or avoiding stressful situations.

4. Thank client for participation and dismiss the session. You may need another session to explore management in more depth

PRINCIPLES

Principle for treating a depressed client

- By psychopharmocological intervention what is the principle here?
- By training in alternative behavioural and cognitive responses to life stressors (behavioral/cog-behavioural)
- By using adult education coaching methods in enabling occupational participation. Too vague what methods are you referring to? Need adult ed principles eg see Knowles, brookfield
- By facilitating re-constructing of his self-concept & self-identity through paraphrasing, unconditional acceptance & positive regard.
- By affirming the depressed client's authentic existence; subjective experience & 'being-in-the-world" to enable 'becoming' through an authentic therapeutic relationship.
- By fostering agency through focusing on & bringing out the client individual agency or power & control over situation.

Educational approach principle

- By giving opportunity for verbal discussion, take into account memory, interpretation, motivation and need of knowledge.
- By using visual mediums to facilitate learning.
- By maintaining client's interest and self- esteem through unconditional positive regard. This principle will ensure the building of the rapport between the clients and students and it will also promote the client engaging in the activity.
- By letting clients have active participation in the session as this will foster that there are the experts of their lives thus fostering their sense of autonomy to come up with solutions that

best suit them. This principle will enforce a client-centred facilitation process and will also work on the social skill of clients being able to problem-solve effectively.

Principles from MOCA

- Mutual respect and trust needs to be established and followed through on.
- Therapist needs to be firm in terms of norm compliance.
- Therapist needs to be sensitive to anxiety that firmness may cause.
- Expectations should be negotiated and stated clearly.
- If the client is unable to comply, handle her supportively and help explore reasons for failure and propose alternative behaviours to increase possibility of success.

Do these link with clients level of motivation and action that you assessed client to be on?

Handling Principles

- Display unconditional acceptance
- Communicate with the client simply and directly, do not be patronizing.
- Do not make judgements on maladaptive behaviours used by the client in order to alleviate the anxiety.
- By being firm with the client to set clear boundaries in the therapeutic relationship.
- By explaining the activity clearly (Speak in an even, calm tone of voice) and allow for her to ask questions when she do not understand so that she know what is expected of her.
- By being encouraging so that the she is enthusiastic to participate and this will allow for her to gain the intended skills from the session.

Principle for handling depressed clients:

- Foster internal locus of control
- Reflecting back/offering interpretations to alternative ways of thinking about life events (CBT/Ellis)
- Unconditional acceptance: Opportunity to talk and feel heard (Humanistic FoR)
- Optimal support without fostering dependence: work through transferences (Psychodynamic FoR)

- Allow enough time to respond
- Encourage a sense of accomplishment and agency and choice
- Reinforce EFFORT , not product
- Offer no help with something person can manifestly do for themselves (do not feed into 'victim'/'helpless' role)

Grading:

- Decrease or increase the time of the session.
- Decrease or increase the amount of assistance or prompting.
- Decrease or increase the demand of the activity.
- Be flexible and change the activity if need be.

Optimising the environment

- By setting up the environment before client arrives.
- By sitting at 90 degree angles to allow for effective communication to take place.
- By making sure there is enough light and air.
- By using a quiet, secluded environment so that client is not distracted by other things going on in the room and so that information discussed in the session is confidential and where we can feel safe and comfortable.
- Ensure safe & supportive environment to promote achievement of the activity requirements.

Precautions:

- Avoid/prevent/do not: increase helplessness, hopelessness.
- Be aware of the clients medication & side effects what meds is client on?
- Don't treat the pt as a diagnosis: beware of your counter transference
- Be aware of client emotional state of the client throughout the activity.
- Ensure cell phone is switched off
- Take into consideration the time of the day and the length of the activity

EVALUATION:

16 August 2013 [redacted]

In this session the student therapist used a simulated activity of provoking/educing a stressful situation as a way of teaching the client how to tolerant and manage frustration and stressful situation. The session started off with checking what the client mood was and then the warm-up activity; in the warm-up activity the client was given 5 minutes to think and write down his top ten stressors in his life currently, after writing them on a piece of paper the client then used a ranking scale to plot which was most and least stressful using a scale of 1-10, with 1 being the most stressful and 10 being the least .The instructions given were clear and the client understood them, thus he was able to identify his stressors and put them on the scale. After the client completed the task we then moved to processing what he wrote down, the following questions were asked; how did he find the task, how did he decide where to put his stressors on the scale and my bringing question was asking him what he experiences while in any of the stressful situation.

The last part of the warm up activity was giving a brief description of what stress is. We then moved on to the main activity; the student therapist introduces a stressful situation, were client was instructed to follow a step-by –step instruction to make a paper box in 10 minutes. Material were given to the client and he was told when to start, the client started off the activity so quickly and he looked calm and did everything quicker than expected, however half way, the instructions started to get complicated and he got stacked and it took him 5 minutes trying to figure out how to proceed, it was at this point that the client started to show symptoms and signs of stress, he started sweating, being restless, irritable and as he noticed he was running out of time he said he quits. We then did a deep breathing exercise to get him calm before processing what happened, then after we started to process what just happened, this was done by asking him to focus back on what he was feeling, thinking and his behavior, he was able to say some of the symptoms and signs that he experienced during the stressful situation .Furthermore the client was able to relate to those symptoms from previous experiences. I then handout a chart with symptoms and signs of stress and then client was able to add more on what he already mentioned. The client was then asked to think about how he felt during the stressful situation needed to explore this in more depth before moving on and after the deep breathing, this question then lead us to the closing activity where we looked at a stress reduction plan, I first asked the client what he does when he is stressed and he mentioned that he usually walks, watch the news, from this we build up by looking at other possible activities that he can do to relax and reduce stress level. At the end I thanked the client for participating and summarized the main concept of the session.

REFLECTION

16 August 2013 [redacted]

The aim of the session was met as the client was able to identify his top ten stressors and plot them on the scale. Furthermore the client was able to learn about his stress symptoms and signs and suggest and explore possible strategies that he will try to use for his stress reduction plan. The aim was measurable as the client was able to identify his stressors. During the main activity when the client did the first 5 steps so fast and easily I thought that the activity was not going to stress him as planned, however as he proceeded it was interesting to see how just by not being able to understand and get the step right got him frustrated and then the symptoms started to show, then I had to add up on the stress level by reminding him of the time and then he started sweating, being irritable and restless and he then said he quit, the client was able to relate the experience to his previous experiences during stressful situation and he said the behavior he displayed is his usual reaction to stressful situation, thus my activity was appropriate as the client was able to use previous experience to explore what he can do differently, the activity was also relevant to the client's needs as occupational beings at this stage of his recovery, as he will be discharged in 2 days and he will be faced with stressful situations again thus is important for him to have a stress reduction plan so that he can be able to prevent relapse.

Stress reduction plan will be one way to prevent relapse as his depression is caused by stress. The client said that he thought the activity was easy until he got stacked in one step and was unable to proceed, then he realized that he was struggling and because his mind was occupied with the time limit he lost concentration of what he was doing and he just could not tolerant the stress and frustration he decided to quit and this then lead us to the discussion the client can try and reduce level of stress , during the discussion the client was able to relate to how he deals with situations that makes him feel overwhelm by just quitting, new ways of dealing with stress were explored so that the client is equipped with skills to manage stressful situation effectively in the future. Compared to previous days the client energy level were better until the stressful situation and then I used myself as therapeutic tool to calm him down by doing breathing exercises and waited a few minutes for him to be calm to proceed with the activity. The client then gave himself a challenge to go finish the box after the session and he came back later to show me the box, which was great to see that he challenged himself and was motivated get the box finished , although the end product was not the sub-aim in the session finishing the box gave made him happy.

The structure of the session was conducive for participation, the room had good lighting and ventilation and was private, it helped him concentrate without being distracted by any external stimulus. I also helped to create a flow in the session by keeping to the time limits set up. No critical incident occurred during the session. And the session unfolded as planned thus no deviation from

the plan happened .The session was client –directed approach and giving her an opportunity to use her experiences

Your evaluation and reflection shows more depth , can still explore what modifications you would make in hindsight based on sound clinical reasoning and strengthen links to theory

FOLLOW-UP

- The next session will focusing doing the practical session on some of the activities that the client can use for stress reduction plan (Wednesday). Yes- more input on management would be a good follow up
- Discharge plan with the client (Thursday).

[redacted]

PLANNING LOG

WEEK 3 #BLOCK 1

PLANNING LOG WEEK 4

WHO?

N.Q is a Xhosa speaking lady who lives within the area of Mitchells Plain, she can speak very good English. N.Q is unemployed and lives with her partner (overheard a conversation with the OT clinician) and she has __ children.

WHAT?

N.Q has been attending the Mitchells Plain CHC for OT with regards to the treatment of Peripheral Oedema (ankle and feet). She came in with both lower limbs swollen from the foot up to the knees. Her left leg had decreased oedema since her last session with the OT, however this past week, her right leg had swollen because she injured her toe whilst walking on a pavement at her home, this resulted in cellulitis- which is a "bacterial infection of the dermis" . The infection spread from her toe proximally to her leg which worsened the oedema. The leg was red and all the way from the ankles towards the upper three thirds of the leg, posteriorly the skin had formed pockets of fluid- blisters. From her previous session at the OT department, she had showed great improvement of oedema reduction in her left leg, but the infection had increased and thus reversed the reduction of the oedema in the right leg.

Resulting Problems:

- Redness and swelling
- Wounded toe (the client was sent to the dressing department to dress the wound to prevent further exposure to infection)
- Limp- Client walked with a walking stick to support her gait in weight bearing, as her right leg was weak.
- Decreased ROM at the hip joint (hip abductors) and the right leg presented with decreased ROM due to the pain.

Assets:

- Receiving regular Occupational Therapy treatment at the Mitchells Plain CHC
- Compliant with treatment / appointments
- Can sit-stand and walk independently without help, but must use walking stick for support

Goals

Long Term Goal:

For N.Q's oedema to decrease to a level where it does not interfere with her role as a mother and for her to gain full ROM within her lower limbs so that she can be able to walk effectively without a walking stick in order to fulfil her role as a mother, caregiver and house keeper. For NQ to also establish control over her weight..

Medium Term Goal:

Since N.Q is receiving regular occupational therapy, I will be focusing on reducing the oedema to address the following performance components:

- Sensation- Improve her sensory awareness that may not be intact due to the oedema (if any). Through the use of desensitisation techniques, I will try to reduce the pain in the areas affected.

- Use activities such as going from a sitting to standing to the basin to enable her to do an activity of daily living that she mostly does in that given space.
- Increase her ROM in both legs, by encouraging her to do certain exercises that require execution of the lower limb muscle eg. Walking

Short/ Sessional Goal:

- Elevation- as a preparatory movement, flexion of hip.
- Massage- To direct the fluid back to the appropriate lymphatic system drainage
- Desensitisation of pain- Using the principle of habituation to decrease hypersensitivity (starting with soft objects and grading onwards)
- Educate N.Q about sensory awareness
- To encourage weight bearing on the affected limbs
- To practise and develop a home programme which includes: methods of massage, education of wound management and care.

OT Model:

- The Ecology of Human Performance Model

  Assumptions:

  - Contexts differ in nature , therefore making sure that the therapy programme is linked to the actual lived experience of the client
  - Relationship between client and her context differs, medically- N.Q is in need of support and care for her oedema management, but in the context narrowing down to the micro-system, the roles are reversed as she is the primary care giver and that is her PRIORITY ROLE.
  - Relationships are affected by human performance and behaviour.

Principles from Model:

- Establish/ Restore: Establish new skills of working around the oedema such as wound management before engaging in an activity, client needs to be taught about precautions, such as wearing socks or bandages to protect the wound.
- Alter: Environment- by interviewing the client and allowing her to tell of her environment and how if any alterations are needed and could be altered. For example, the pavement at home with unequal gravel can be something to alter, by layering it with sand if resources such as cement and tar are not available for the client's expenditure.
- Adapt: Grading the activities in the session to the client's ability. Since the client also has high blood pressure, resting in between activities should be incorporated, in so doing advising the client to rest at home too when she feels fatigued.
- Create: An enabling environment in the therapy session, to provide the client with the opportunity to engage in an activity relevant to her daily life experiences. As well as to involve the client in creating a home programme with the therapist that would best suit the client's needs.

General Principles:

- Respect for the client
- Empathy
- Effective use of self as a therapist
- Client centeredness- taking to consideration the patient factors when establishing activity as a means to treatment
- Clinical Reasoning

Self Help Education:

- Encourage weight control as client has a high body mass (information gathered from observation)
- Taking regular exercise such as walking
- Raising legs lying down ,3-4x a day to improve circulation
- Avoid standing for long periods of time

Precautionary Measures:

- Wear cloves to avoid any contact with fluid that may erupt from the patient's blisters or skin during massage
- Observe signs of pain expression from the client
- Remove any obstacles in the session that may cause harm, such as sharp objects

Evaluation

The client did not arrive for their appointment because their condition had worsened and was therefore admitted to hospital the day before the appointment.

Reflection:

I felt very disappointed at this because I was looking forward to doing my informal DEM on this particular client, but above all, I felt so sad over the fact that she was in hospital because she was such a great client – whom I could have learned a lot from. The client's living circumstances which are very complicated got me thinking and worrying about her even more because she has to take care of five of her sister's children and I got worried about who was taking care of the children and when was she being released from the hospital.

[redacted]

Learners Log 3: physical block [redacted]

Capturing learning

During this week I had quite a tricky patient, he was a 41 year old man who has been diagnosed with an ocular tumour which has metastasised to the spinal cord, cerebral hemisphere and lungs. Due to this he has become hemiplegic, but his hemiplegia fluctuates. Every time you assess his ROM it seems to be getting better and it is difficult to identify where the lesion is. I think we might have to ask his doctor about his prognosis and what the actually reason for the fluctuation might be. As the OT you need to have thought about all the modifications that can be done to the activity because you do not know what his condition might be during your next session. Yes I realised the importance of flexibility, good clinical reason skills and activity analysis of the OT because if you do not know what you are supposed to do it can cause your session to become counterproductive physically and emotionally. Absolutely! The activity might be too difficult for the client and it might make them feel weary about their skills or working with you again, this stress might cause some patients to feel defeated and despondent about their recovery and this counteracts the principle of palliative care, which is about enhancing quality of life. So how has this realisation changed how you will work with these clients from now on?

Commented [U1]: I certainly think this should be done

Self-disclosure

After meeting my new client I had to do some assessments so I could get a better understanding of his assets and functional impairments so we could start working on his desired goals. Once the assessment was done I had to go over his medical file to make sure I had a comprehensive understanding of his condition. Then I realised that he was HIV positive and I remember just feeling a bit overwhelmed and having a minor panic attack in the recreational room and I started worrying about my health because earlier in the week I had pricked myself with a pencil, and when I was working with the patient I was not wearing any gloves. While I was sitting in the recreational room filling in his treatment report I felt heavy-hearted because I was just thinking about my reaction, because it is not the first time I was meeting a person who is HIV positive. I found it very worrying that even though I have been educated about HIV/AIDS my initial reaction was not of someone with a solid amount of knowledge about it. This makes me worry that the stigma against people li~~ea~~ving with HIV/AIDS is still going to carry on because in some places, people would overreact like I did and then they would not have the proper

Commented [U2]: Remember that you should follow the necessary precautions related to contact with blood/body fluids and open wounds for every client you work with – you should behave as though any client could be HIV positive . So, always adhere to the precautions you have learnt

knowledge to address their fears and they would just isolate and neglect the person. I still do not understand why body reacted the way that it did, and when I went to return his file and he was sitting with his family I just remember feeling sad and I just wanted to weep because at the age of 41 you do not expect that you would have to be dealing with all of these illness and worrying about death. I honestly feel like my thinking has not caught up with all the knowledge I have acquired because I still have stereotypes and ~~prejudice believe where I~~ associate HIV/AIDS with death even though I know that this does not have to be~~is not~~ the case;~~,~~ it can~~is~~ be ~~just~~ like most ~~the~~ other chronic illnesses if treated correctly. I guess you really are not sure about how you feel about something until you come into contact with the situation and you have to cope with it. I agree with this observation. Remember that awareness is needed before attitudes can change, so you are on the way to changing your mindset about this disease. How do you think you will try and move forward in this area?

[redacted]

[redacted]

[redacted]

LEARNERS LOG

Capturing Learning

Going into my second week I felt much better and by now I was no longer scared of the crimes let's chat about this because you have focussed on the crimes in your case study. Remember the focus is the mental illness and the impact it has on occupational functioningthe patients have committed and rather began seeing them as occupational beings and normal people. I learned that even though they are still in a hospital, that does not mean they get the necessary freedom that most patients in medical hospitals get and they remain state patients for a long time- which to me felt no different to being in prison, but at least here they get to go out on leave, they get a job, get paid and they are entitled to some freedom.

This week I met my second patient and it was very different from my first one, because he had schizophrenia as opposed to? and now I was going to learn how to handle a patient with this condition. I felt excited to learn about the principles on how to manage patients with schizophrenia, and also having to see all the different symptoms, the delusions, the thought patterns was all very interesting for me to work with. My second client was a very humbled sweet man and he was co-operative and I noticed that sometimes all they need is a little company and it is interesting how they all stick to themselves, by keeping busy with their work. This week was also a first for me doing a treatment session with my first client. I did a Money management session with him where he had to draw up a shopping list for his town parole on Thursday. The highlight for me was when my patient got involved in the activity, by drawing up his own list and knowing what the costs were without me having to do it for him. And this was a lesson I learned that I need to give my patients the platform to try out things for themselves rather than me doing it for them. Then on Friday afternoon,

we evaluated how the budgeting session helped with regards to planning his shopping and also saving money and turns out the patient benefited from the session and was able to save the money he wanted to save! At the end of the day he was happy with the plan and I was happy that he carried through with the skill and actually applied it. I am slowly getting the hang of the setting and on the Wednesday I had a cooking session with my first client just to explore with the facility and test my client's skills with cooking and this was more of leisure for him and he enjoyed himself a lot- even took some of the food back to the ward.

On Wednesday I went to the wards by myself to check on my new client's folder and Andile assured me that nothing ? would be fine and I got to ward twelve spoke to the psychologist and when I was leaving the clients were outside and I asked the nurse to walk me out and that calmed me down. Then I went to ward 11 to check on my new client's folder and some patients were beginning to walk out, and I felt vulnerable being by myself and I asked one of the nursing staff to walk me out there too. I am still not trusting the area and walking around like I am on campus so whenever I feel unsafe I act on it and ask for help.

Reflection

Overall it was a great week, I learned more about Voc Rehab and I am beginning to love this area and I want to do more than I am doing I want to make a difference and prove that in mental health changes are possible! I want to leave something behind that I will be proud of and not look back with regrets when I leave this block. Sometimes we learn more about ourselves in the block

It was interesting dealing with a patient with schizophrenia and I realised how when I first met him I saw a lot of schizophrenia related problems such as? , but after wards it seemed like he calmed down he or you? and I guess it was because I had that label at the back of my head all the time. agree

I would just like to do more in terms of making sure I train my clients for their respective placements as well as for a job of their choice. I felt like this week was more fun and I warmed up to the facility and I really enjoyed it and hope that next week is as nice. What does nice mean for you ito PL?

Appendix 8: Information Sheet

Title: Students' negotiation of practice education in Occupational Therapy: A case study

Dear Student,

I am conducting a study on the learning experiences of students who are African Language Speakers as they engage with practice education delivered in English in a curriculum such as Occupational Therapy. The study has been granted ethical approval by the Research and Ethics Committee, Faculty of Humanities at the University of Cape Town (REC REF). I am cordially inviting you as an African Language Speaker in 3rd year Occupational Therapy to take part in this study.

You are advised to take time to carefully read through the information below that explains the research and please feel free to ask questions about the study at any time in order to gain a full understanding of the research and how you will be involved. Your participation is **voluntary** and you can decline to participate. There will be no negative consequences if you decline to participate. You are also free to withdraw from the study at any point, even if you do agree to take part. Please be advised that your names will be kept confidential as you will be allocated pseudonyms.

What is the research about?

The purpose of the research is to learn about experiences of students who are African Language Speakers as they engage with practice education in Occupational Therapy training. The findings of the study are intended to inform practice education curriculum development in South African institutions or in Africa as a whole. Other than curriculum development, the findings will be used for research purposes; putting together a PhD dissertation and for academic and popular publishing.

What role will you play?

You will be required to share your personal learning experiences and perspective through interview and focus group sessions. The sessions will be tape recorded to ensure accuracy. However, you have a right to request the recorder to be switched of

at any time. Your written documents from practice learning will also be requested as these will also shed light on how you transformed during the experience.

How will you benefit?

The benefit of participating in this research is that the information that you provide will make a significant contribution to scholarly research in Occupational Therapy education, particularly in Africa and other countries where majority of the inhabitants have English as an Additional Language. This may result in development of curriculum that is more contextually relevant as per your recommendations. Educators within practice learning contexts may also be able to draw from the findings and use this to inform enhancement of student learning in these contexts, therefore resulting in improved supervision that responds to the students' needs. This could in turn improve clinical practice and development of professional competencies among African Language Speakers. Through the research process, you will have an opportunity to learn from fellow students. It may also help you to reflect and engage with some of the challenges that you encounter.

Risks

The risks of participating in this research include the possibility of being emotionally overwhelmed by sharing your experiences, particularly those that are not pleasant. Should this happen, I will avail myself for further discussion and de-briefing. Arrangements will also be made with the Student Wellness Centre if you need any further support.

For more information or clarification about the research, please feel free to contact Ms. 'Matumo Ramafikeng on email: Matumo.Ramafikeng@uct.ac.za or 079 224 7992.

Appendix 9: Consent Form

Consent Form

I (*Full name)*…….……. agree to take part in a research study entitled: *A case study of student learning experiences of practice education in Occupational Therapy curriculum.*

Therefore by signing below I give consent.

I declare that:

- I have read the information sheet
- I have had a chance to ask questions and all my questions have been answered to my satisfaction.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed upon.

Signed at (*place*) .....…….…….. on (*date*) ……..…….. 2013.

_____

Signature of participant

_____

Signature of witness