INSIDE MY JOB
insider information for early career occupational therapists

For information or feedback about this book please contact:
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• INSIDER Views were included with the permission of the authors.
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• Ethical approval for conducting interviews and focus groups was obtained through Deakin University.
• Pseudonyms were used to assure the confidentiality of participants.
• Every effort has been made to ensure that all the information in this book (including the web-links) was accurate at the time of printing.
• The detailed Table of Contents is designed to serve as the Index for this book.
• The editorial style for the citation of references, INSIDER Lead and the bibliography is a modified version of APA (with the exception of two INSIDER Views which are presented using Vancouver).
• The ‘straight talking’ lists were not intended to be grammatically correct.
If you are completing or have recently completed your first occupational therapy qualification, then INSIDEmyJOB is written for you.

If you are seeking your first appointment as an occupational therapist, then INSIDEmyJOB is written for you.

If you are working in the first couple of years of your occupational therapy career, then INSIDEmyJOB is written for you.
Acknowledgements

Jennifer Pascoe has earned my gratitude and respect while working as the Research Fellow on this project. Jenny compiled content for each of the chapters and conducted 12 semi-structured interviews. Jenny assisted with ethics applications, transcription of data, securing relevant permissions, logistics of distribution as well as preparation of abstracts and poster presentations. Jenny liaised with graphic designers and printers, as well as key advisors on copyright and other important details. Jenny is now an expert in the 'transition to practice', and her passion for the subject has been evident at each stage of the development of this book. I appreciate Jenny's contribution, and her diverse talents.

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I am very grateful to the Department of Human Services Victoria for funding this project (Service and Workforce Planning Branch and Barwon South-Western Region).

The support of the team from OT AUSTRALIA Victoria has been important for this project. In particular, I wish to acknowledge the tireless positivity and generosity of Ralda Bourne. Ruth Hertan (former Executive Officer) was pivotal in securing funding for this project, and I am delighted to express my gratitude to her.

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I offer special recognition to experts in learning theories, along with experts in the 'transition to practice' and experts in the specific chapter themes. I am grateful for the opportunity to continue to learn from their insights.

Dr Michael Bennett has been vital to the completion of this book: From his scholarly and painstaking revision of drafts through to his constant encouragement and support.

Michelle Courtney
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'[...I felt] scared and overwhelmed, frightened, excited too, just about every emotion you could probably describe really, it's a new change again. I suppose everyone faces change in their life. You've got to get to the actual bit. Like you can think about change but when it's happening it can be a whole new story...' Meg, Completing Student

When you're having a new and exciting experience, you may be worried that you don't actually know what it is that you don't know.

'[...I think that sums up what I was trying to get at in terms of being proactive and [you] can't sit back and wait for it to happen...'] Chris, Early Career OT

How can you find the answers to questions if you don't know the questions to ask?

'[...preparing while we are still at uni about what our expectations of the work environment should be is a good start. So understanding, you know, what is fairly typical and what is not, is a good start...'] Anna, Completing Student

It's not that the questions and/or the answers are hidden but when you're busy focusing on new and exciting experiences, they're not always fully visible either.

'[...when you're a new grad, don't be apprehensive that you're not going to know it all. Because you won't, but you'll know enough. And when you get in there take the opportunities that are given to you and ask the questions. And you know, generally, I think, you know, all the rest of it comes together...'] Mary, Early Career OT

It is the insiders who can not only answer your questions, they can also advise which questions you should be asking.

INSIDEmyJOB has information about the broader context of occupational therapy practice from the perspective of people who are insiders.
INSIDEmyJOB is a practical, plain language resource book that aims to contribute toward a positive transition from tertiary student to fully effective, entry-level occupational therapist. This book does not focus on clinical practice in occupational therapy (that is, specific details relating to direct, therapeutic, client contact). Crucially, INSIDEmyJOB focuses on the broader context of occupational therapy practice where the major causes of job dissatisfaction for early career occupational therapists are located. This book presents key information, expert advice and personal experiences relating to the many factors that are at play in the broader context of practice. The content is based on review of the pertinent literature, and research with completing students, early career occupational therapists and occupational therapy managers.

INSIDEmyJOB is an innovative information resource. The design and presentation of the content was conceptualised based on theoretical work involving learning styles, communities of practice, as well as strategies recognised to promote critical thinking. The aim is not to present the exhaustive, scholarly text usual in tertiary studies. INSIDEmyJOB presents information, insights and ideas in a lively, real-world tone directed in the first person toward individual early career occupational therapists. The content involves over 40 people representing the occupational therapy community of practice in Victoria. INSIDEmyJOB aims to inform, inspire and reassure early career occupational therapists as they encounter the excitement and challenge of their new professional environment.
Introduction: Welcome Inside Occupational Therapy

Welcome Inside Occupational Therapy presents the details of the content and layout of INSIDEmyJOB. Inside this Book describes each of the chapters including comment on how and when the specific content can be useful. Inside the Chapters explains the layout of the chapters using the chapter sections that are common throughout the book. Outside this Book recognises the scope of the content and describes opportunities for complementary action toward a positive transition from tertiary student to entry-level occupational therapist. Finally, Inside the Future of the Transition to Practice Project outlines potential development of INSIDEmyJOB.

Inside this Book

INSIDEmyJOB: Insider Information for Early Career Occupational Therapists is divided into chapters that address specific, overlapping themes around the broader context of occupational therapy practice. Obviously, it is not possible to present information that is specific to all contexts of practice. The aim is to present general information that will encourage each early career occupational therapist to critically reflect on their own specific context. Early career occupational therapists suggested in focus groups that the information is immediately relevant to completing students. They also suggested that the information is worth revisiting over the first couple of years in practice.

Chapter 1: My Early Career explores some of the employment opportunities available for newly qualified occupational therapists. This chapter includes useful information about job-seeking, the selection process and tips on what managers want from their staff. The insider perspective reinforces the importance of long-term career management.

Chapter 2: My Occupational Therapy Job looks at some of the practicalities of making your living by working as an occupational therapist. This chapter includes information about entitlements and memberships.

Chapter 3: Inside the Occupational Therapy Profession presents information and food for thought about being a professional. The insider view situates the occupational therapy profession within the broader health and human services community including the allied health professions.

Chapter 4: Inside Organisations describes some of the important things to consider when working in organisations. The insider perspective is about making healthy contributions to the system.

Chapter 5: Inside Teams explores ways to think about working in teams. This chapter includes tips for being a good team player as well as some pitfalls to avoid. The allied health professions are considered in detail. Inside teams also presents information about participation in meetings during early career.

Chapter 6: Communication in my Job looks at the various ways that communication happens as part of day-to-day occupational therapy work. The insider view presents guidelines for specific forms of communication including electronic mediums.

Chapter 7: Thriving in my Job is all about doing well while staying safe and healthy at work. This chapter includes information about being an ethical professional player during your early career.
Chapter 8: My Professional Competence explores the meaning of professional competence in occupational therapy. The insider perspective presents details of a continuing professional development model for maintaining competence and introduces the Accredited Occupational Therapist Program.

Chapter 9: On-the-Job Learning presents information about workplace learning for early career occupational therapists and includes tips for best practice in both supervision and mentoring.

Chapter 10: Marketing my Job and Myself describes the principles of marketing human services including occupational therapy. The insider view emphasises the importance of entrepreneurship (including networking) to occupational therapists.

Outside this Book
INSIDEmyJOB does not aim to answer all the questions that arise during the transition from tertiary student to fully effective, entry-level occupational therapist. Some of the information may also be familiar from coursework and/or read like 'common sense'. However, here the 'transition to practice' theme sets a new context for the familiar. INSIDEmyJOB aims for the scope of specific information in this book to be relevant to the majority of readers at some point during the transition to fully effective, entry-level professional (acknowledging that some people start their occupational therapy careers in positions that are higher than entry-level). The overriding aim for the content of INSIDEmyJOB is not just to inform, but also to use the information to inspire and reassure early career occupational therapists as they enter our community of practice. The content is designed for the students completing their occupational therapy studies in 2008 and is due to be revised and updated within two years.

Given that the Department of Human Services provided funding for the project to develop this book, the focus of INSIDEmyJOB is predominantly on occupational therapy within the public sector. This is not to imply that occupational therapy within the private sector is not worthy of the attention of early career occupational therapists. The private sector has now, and will increasingly continue to offer incredibly exciting opportunities for the occupational therapy profession. The scope of this book does not include a specific focus on the private sector.

INSIDEmyJOB is only one component of the strategic matrix of action required to enable a positive transition from tertiary student to fully effective, entry-level professional. Complementary activities include: curriculum development; mentoring; peer circles; supervision; and, credentialing pathways.

Inside the Future of the Transition to Practice Project
INSIDEmyJOB will be evaluated during 2009. The last page of this book describes the various ways that feedback will be collected and gratefully considered as part of the evaluation of this innovative information resource. This book is viewed as a pilot to explore what information contributes to a positive experience of transition from tertiary student to fully effective, entry-level occupational therapist. INSIDEmyJOB has potential for development in the digital environment (online), interprofessional and/or national environment.
Inside the Chapters
Each of the chapters of INSIDEmyJOB contains seven common sections. Each section contributes to building the insider perspective on the broader context of occupational therapy practice. These complementary sections are entitled INSIDER View, INSIDER Think, INSIDER Code, INSIDER Link, INSIDER Talk, INSIDER Lead, and INSIDER Case. Each section is to be considered in the context of the specific chapter content. The sections are designed to promote critical thinking among early career occupational therapists. The following section examples have been chosen as being representative of the content of the entire book.

Introductory INSIDER View (see over page)

INSIDER View(s) are special features relevant to the specific chapter theme from the perspective of key people within the occupational therapy profession (see over page for example). The perspectives included in this section reflect specialist expertise and/or particular experiences of interest. Some chapters have more than one INSIDER View to provide enhanced dimension to the insider perspective. INSIDER Views are the work of individual occupational therapists. The occupational therapists featured in INSIDER View represent a range of backgrounds, experiences, specialty fields, geographical locations, as well as level of seniority. These sections vary in length depending on the individual occupational therapist’s style of expression, and their intent for the section. INSIDER Views are to be considered in the context of the specific chapter content, and reflect the insider perspective, welcoming early career occupational therapists into the community of practice with real voices and real faces.
During 2005, I wrote and delivered a final year occupational therapy unit of study entitled Critical Analysis of Occupational Issues. The content was based on the literature addressing the experiences of 'new graduates' in their work. By its second year, the unit was receiving excellent student evaluations and I saw the potential to create an innovative information resource based on its content. So, I worked with Ruth Hertan at OT AUSTRALIA Victoria to develop a funding proposal. The team at the Department of Human Services Barwon South-Western Regional Office offered initial funding support which encouraged us to then approach the Service and Workforce Planning Branch to secure further funding. INSIDEmyJOB is the end result! This INSIDER View presents more background to this book. Michelle Courtney

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Welcome Inside Occupational Therapy

As I was typing the words 'Welcome Inside Occupational Therapy', I was worried this was a grandiose way to start talking to you in this book. Who am I to welcome you into the occupational therapy profession? I’m not a VIP in OT AUSTRALIA nor in the wider professional context.

But then I guess that’s the point. I am a member of the occupational therapy profession and, as such, I have an important connection to both the individual and the collective of our community of practice. Now, so do you, too! I’m certain that I do represent the collective of occupational therapy when I take this opportunity to extend a warm welcome to each of you.

What’s most relevant about me for you (and to INSIDEmyJOB) is that I have worked at ground level with students about to complete their occupational therapy studies. As part of that work, I have drawn on the research and expertise of leading authors in the literature as well as experienced colleagues involved in the education of occupational therapists. The period encompassing students completing their studies, securing and commencing their first occupational therapy position, and then working for the first two years to become fully effective, entry-level practitioners is commonly referred to as the ‘transition to practice’. On one hand, it makes perfect sense to talk about this period as a ‘transition to practice’. On the other hand, the notion of ‘transition’ suggests that there is an end point, and that we can all recognise the exact look of that end point. I wonder if ‘transition to practice’ ever does have an end point? There will always be new jobs, new fields of specialty, new teams, new responsibilities and new
professional experiences that each of us need to embrace. There will also always be risks and pitfalls associated with new professional experiences. The period described as 'transition to practice' will be one of many new and exciting experiences in your professional life, and the reality is that you will all have your own unique experience of this period in your life. Having said all that, we do give special attention to the 'transition to practice' period because we want to make sure that you feel good about yourself as you settle into our community of practice. Be assured, it does not mean that we lack confidence in your ability to embrace new and exciting professional experiences.

There is a body of literature addressing transition to practice and there are some recurring themes in the content. I have heard scholars argue that individual studies don’t reach data saturation and/or specific findings are not generalisable. Further studies addressing transition to practice are vital. At the same time, I wondered if strategic consideration of these recurring themes could lead to action that contributes to a positive experience of transition from tertiary student to fully effective, entry-level practitioner \(^6\). In the context of pressing concerns about recruitment and retention, I believe that we can trial strategic action and learn more about transition to practice through the evaluation of this action.

Authors in the literature have described 'reality shock' \(^9\) as a common experience for new graduate occupational therapists. The primary contributors to 'reality shock' include:
- establishing professional identity \(^9\);
- dealing effectively with other health professionals \(^9\);
- working in teams \(^5,6,7,8\);
- understanding professional communication \(^5,6,7,8\);
- managing time \(^5,6,7,8\);
- administration \(^5,6,7,8\); and,
- gaining what new graduates perceive as adequate supervision \(^5,6,7,8\).

Experience suggests that the primary contributors to 'reality shock' lie not in the clinical role, but in the broader context of practice \(^6,9,10\). These stressors linked to 'reality shock' clearly threaten job satisfaction. To improve job satisfaction we need to work together to address the stressors associated with the transition from tertiary student to entry-level allied health professional. INSIDEmyJOB aims to address these stressors by providing timely and relevant information about the broader context of practice. (See details of numbered citations for this INSIDEmyJOB in INSIDER View on page 11.)

I was very fortunate during 2007 to secure funding for the Transition to Practice Project to develop INSIDEmyJOB. This book will be distributed to all completing occupational therapy students in Victoria during 2008. I hope that you will find, on each page, evidence of the good will the occupational therapy community has toward you.

Michelle Courtney

*perspectives written by individual occupational therapists - see page 3 for advice about reading INSIDER View
Introductory INSIDER Think

INSIDER Think(s) summarise what authors and researchers say (by using direct quotations from the literature) relevant to the specific chapter theme. While based on a sound review of literature, INSIDEmyJOB is not written in the form of an academic text. This section provides the opportunity to 'taste' food for thought from authors and researchers in a succinct, readily accessible format. INSIDER Thinks are intended to be considered in the context of the specific chapter content. The details of the citations are listed in the bibliography at the end of the book so as to keep the chapter content lively.
In a landmark study of new occupational therapy graduates in Australia, Hummell and Koelmeyer (1999) examined the perceptions of the first occupational therapy position of 74 new graduates. 'Support and supervision within the workplace were perceived in this study as critical in assisting the transition from student to graduate' (p. 356).

Rugg (1996) was one of the first researchers to study the transition of junior occupational therapists to clinical practice. The study found that 'some junior occupational therapists do seem to experience difficulty in their early practice, with an apparent mismatch between their expectations and experience of practice' (p. 168).

McIntry (2005) studied newly graduated occupational therapists in Victoria, and found that 'the learning tools that were highly valued by newly graduated occupational therapists were tools such as structured supervision, advice from other team members and the opportunity to observe skilled and experienced practitioners in the practice' (p. 135).

In a recent Canadian study of occupational therapists in their first year of practice, Toal-Sullivan (2006) reported that 'the transitional experiences of the participants revealed that they were challenged by their limited practical experience, the responsibilities of client care, system issues and role uncertainty. The support of colleagues and peers was critical to their learning and eased their adjustment from student to occupational therapist. The relationship with clients was particularly valuable to the participants' learning and professional identity' (p. 513).

*verbatim quotes from the literature - see page 6 for advice about reading INSIDER Think*
**Introductory INSIDER Code**

*INSIDER Code(s)* are explicit 'statements' linking the chapter theme to sections of the OT AUSTRALIA Code of Ethics 2001. Each of the 'statements' in the Code of Ethics has been included at some point in INSIDEmyJOB. INSIDER Codes are intended to be considered in the context of the specific chapter content.

Being familiar with the OT AUSTRALIA Code of Ethics is vital for all occupational therapists. Early career occupational therapists have a responsibility to focus their attention on, and become familiar with the essential 'statements' set out in the Code. Most 'statements' have an 'interpretation' which helps to clarify the content. Although INSIDER Code will situate each of the 'statements' within specific chapter themes, each 'statement' will have broader relevance. The purpose of including the explicit 'statements' is to underline their significance as a foundation for early career occupational therapists, and to provide another opportunity for the 'statements' to be read outside the context of the original Code of Ethics document. As stated on page 2 of Code of Ethics by OT AUSTRALIA in 2001, it's important to remember that: 'These statements do not replace the principles and procedures adopted by employing bodies, relevant legislation nor do they deny other rights within society not specifically mentioned.'
There are at least three 'statements' that are relevant to all occupational therapy practice which involves a 'client'. A client may be an individual person or, thinking more broadly, could be a group, service or organisation. These statements are about the absolute fundamentals of confidentiality and respecting clients' rights.

"Confidentiality
Beyond the necessary sharing of information with professional colleagues, occupational therapists are to safeguard confidential information relating to patients and clients.'
(OT AUSTRALIA, 2001, p. 2)

"Relationships with, and Responsibilities to, Patients and Clients
Occupational therapists have a responsibility always to promote and protect the dignity, privacy, autonomy, and safety of all people with whom they come in contact in their professional practice. They should adhere to local procedures.

Occupational therapists have a responsibility to inform all patients and clients of financial costs of any goods and services. Costs need to be fair and reasonable, reflecting the services provided.'
(OT AUSTRALIA, 2001, p. 2)
**Introductory INSIDER Link**

*INSIDER Link(s)* are suggested reading relevant to the specific chapter theme, as well as web-links to government documents and other relevant resources. While some web-based information has been included in the specific chapter content, the web-links are provided so that resources can be explored in their entirety. At the end of the book, the bibliography lists all the resources that were used in the preparation of INSIDEmyJOB, as well as further readings and web-links.
Citations from INSIDER View in this chapter on page 4


Early Career Information
An international example of an information resource to facilitate a positive transition to practice can be downloaded at www.flyingstart.scot.nhs.uk. The context of Flying Start is different from Australia. In Scotland, all Allied Health Professionals register with the Health Professions Council, and there is a National Health Service.

*readings and resources for follow-up - see page 10 for advice about reading INSIDER Link
Introductory INSIDER Talk

INSIDER Talk(s) are sets of quotes (gathered during interviews) relevant to the specific chapter theme from the perspective of completing students, early career occupational therapists (entry-level practitioners who are sometimes described as new graduates) and people working closely with new graduates (occupational therapy managers). It’s important to remember that the occupational therapy managers working with new graduates may also be in the early period of their professional lives. The quotes were not chosen to signify that the views expressed in each quote were necessarily endorsed. Rather, they were chosen to present a range of views as a basis for critical reflection in the context of the specific chapter content. INSIDER Talk uses real voices to inform, inspire and reassure. The quotes appear on the page in word-for-word form which is the recognised presentation of qualitative data (that is, discussion from the interviews). INSIDER Talks are not grammatically correct and reflect the way that people express themselves verbally (as opposed to well-composed, written expression). The quotes should be read 'listening' for the real 'voice' including the rhythm of verbal expressions. To ensure confidentiality, the names used in this section are pseudonyms ascribed by the research team (that is, the names are not the real names of the people we interviewed).
I felt so scared about starting a new job. I felt like I was so under-prepared and knowing nothing about clinical conditions, or anything about a lot of things I'd need to know. And that I didn't know anything about being a new grad? Because everyone thinks they don't know anything. So how do you go from student to grad? And how do we go from being a student to being a new grad? And what happens when we finish. Like what do we do?
**Introductory INSIDER Lead**

*INSIDER Lead(s)* are sets of questions to reflect upon as an early career occupational therapist and in the context of the specific chapter content. The specific questions have been posed based on review of the literature and analysis of the interviews with completing students, early career occupational therapists and managers. The questions were based on the guided reciprocal peer questioning technique discussed by Velde, Wittman and Vos (2006) as having the potential to improve ‘skills in asking questions that include application, analysis and synthesis’ (p. 49). There is a *MyNOTES* page in each chapter for writing critical, follow-up questions, for recording answers and/or for journal entries. To promote creativity (for example, mind mapping relevant to the chapter theme) *MyNOTES* are unlined pages.
• How would you use INSIDER Lead to help you settle into your new professional role?

• What are the differences between the themes raised in INSIDER Talk and INSIDER Think?

• What do you think would happen if you arranged a monthly meeting to discuss the INSIDER Case studies with your friends from university?

(Velde, Wittman and Vos, 2006)

• What conclusions do you draw about using content from INSIDEmyJOB during your supervision?

• Explain why it may be useful to make a strategic plan about sourcing the readings and the links that are listed in INSIDEmyJOB?

• What feedback can you offer the Transition to Practice Project about INSIDEmyJOB?

*questions to promote critical thinking - see page 14 for advice about reading INSIDER Lead
**Introductory INSIDER Case**

**INSIDER Case(s)** are case studies relevant to the specific chapter theme. This section offers early career occupational therapists a specific scenario on which to critically reflect in the context of their own experience and in the context of specific chapter content. The case studies are composite scenarios compiled from the literature as well as interviews with completing students, early career occupational therapists and managers. The scenarios were designed in accordance with Davis and Harden (1999) to act ‘as the focus of a “growing web” of understanding in practice’ (p. 135). One of the features of any scenario is the imperative for the reader to identify the key issues for critical reflection (that is, these scenarios are not just ‘stories’). For that reason, some scenarios may include views and/or behaviours that are not optimal for early career occupational therapists functioning in the real world context. For early career occupational therapists to effectively identify the key issues within each INSIDER Case, the specific chapter content should be read in full.
Introduction

I've put together a book called 'INSIDEmyJOB': Insider information for early career occupational therapists, and I'm really excited about it. It's all about making the most of the first couple of years of occupational therapy practice. 'INSIDEmyJOB' is the distillation of a huge amount of knowledge and wisdom from within the occupational therapy community of practice. Covering lots of useful topics and with straight-talking, practical advice, the voices of experienced colleagues will alert early career occupational therapists to signposts, speed limits and shortcuts in their jobs. It's a privilege to have the finished product in my hot little hands. I'm heading out to each of the universities in Victoria to describe the book. I want to talk to the completing students about reading and using the book during their early career. I know they may be sick of books after four years of studies but I'm sure this book will offer some help along the way as they move from being a finishing student to being a confident new graduate. I need to impress them not with the fact that they are getting a free book but with the fact that it's a good read! I'm not sure what I can say that will bridge the gap between them getting 'INSIDEmyJOB' and them USING 'INSIDEmyJOB'.
**My Early Career**

*My Early Career* presents information about employment opportunities for newly qualified occupational therapists. The chapter begins by exploring career options within the health and human services. *How to Find Jobs* presents information about avenues for job-seeking. Prior to detailed consideration of each stage of *The Selection Process*, the scene is set with discussion about what *Employers Want...* from employees. *My Early Career* concludes with information about career management including options for graduate study.

Mary, an Early Career OT said ‘...I don’t think any job is ever a waste. And you’re always going to get skills and gain knowledge and good experience from whatever field you’re working in OT. It doesn’t have to be your dream job. You’re still going to get experience; and, sometimes those experiences will actually hold you in very good stead in the long run...’
My Career Choices

Some people start their occupational therapy studies with a very clear view about their career. Some people work up a clear view about their career during their occupational therapy studies (especially reflecting on their experiences of fieldwork education). Other people complete their occupational therapy studies and still don't have a clear view about their career. It's all good!

There is no one-size-fits-all way to have an occupational therapy career. A career path does not need to be fixed and firm. A career path doesn't even need to be linear (that is, heading in a clear direction and/or progressing in levels of seniority). You can take opportunities to explore your versatility or you can stick to one field. You can create the long-term career path that works for you. One of the fantastic aspects of your occupational therapy qualification is that you have many choices. Early in your career, those choices may not be easy and you may experience some challenges as you find your place within the workforce. To maximise the potential for a smooth transition into the health and human services workforce, it's worth reflecting on the choices available to you. You may be wise to seek advice from people with expertise in the health and human services and/or with expertise in career planning.

In a 2002-2003 national study of 3107 occupational therapists, 'about one-third (31.8%) of employed occupational therapy respondents worked in hospitals. Other main work settings included community health services (21.2%), rehabilitation services (14.0%) and private practice (9.6%), 91.1% worked in metropolitan areas' (Australian Institute of Health and Welfare, 2006, p. 1). During the research project to develop this book, an occupational therapy manager described the industry benchmark for annual turnover (that is, when people leave their positions) as around 12% (which may seem high but it's worth considering that many of these are temporary exits due to maternity leave). See INSIDER Link on page 39 for more workforce statistics. More 'snapshot' data about the occupational therapy profession can be found in Chapter 3 on page 74.

An analysis of employment advertisements showed that, in the market place, the characteristics that were unique to the profession of occupational therapy were 'rehabilitation, functional assessment and training, program development, and working with people with disabilities' (Franklin, Gibson, Merkel-Stoll et al 1995, p. 83).

If you do a preliminary search of recruitment websites you will usually find a range of jobs designated for occupational therapists. Some could be considered targeted toward early career candidates. Examples from a recent search include:

- Occupational Therapist, Grade 1, City Health Service - Rotation;
- Occupational Therapist, Grade 1, Permanent Position - Rehabilitation Facility; and,
- Regional Health Service seeks Occupational Therapist, Grade 1 for Fixed Term.

It's important you think not just about the job choices available to you but that you also think more broadly about the type of career that you want. Career advisors offer the following general advice for assessing your choices:

- Reflect in depth about your interests, your skills and your experiences (for example from your fieldwork placements and other experiences outside your occupational therapy studies);
- try to form a preliminary view about the specific characteristics of jobs that you would enjoy;
- spend some time online looking at the types of jobs that are available;
One of the ‘statements’ worthy of special consideration during your early career is about personal relationships with your clients. In your occupational therapy role, you will need to be mindful of establishing professional boundaries that contribute positively to your therapeutic relationship with your clients. What constitutes an appropriate professional boundary does vary depending on the setting and the circumstance. In your early career, it is vital that you seek any support that you need to get the professional boundaries right in your work. It’s useful to keep in mind that a whole range of feelings (that is, not only positive feelings) can affect your ability to make judgements about appropriate professional boundaries. Not getting professional boundaries right poses a risk to the wellbeing your client. Don’t forget that it also poses a risk to your own professional performance and personal wellbeing.

"Personal Relationships
Occupational therapists shall not enter into personal relationships which damage the establishment and maintenance of professional trust.’ (OT AUSTRALIA, 2001, p. 2)
work out if and how your interests and skills match the jobs that you see advertised;
consider the opportunities for continuing professional development (CPD) and/or advancement (that is, promotions); and,
reflect on where the job is located in relation to where you actually want to live (Deakin University, accessed 2008a; Southam, 2008).

The Department of Human Services Victoria (DHS) is responsible for the public health and human services in this state. DHS employs a large number of occupational therapists in public hospitals, mental health facilities, and community health organisations. Basing your early career within the public system facilitates access to government-funded support strategies for new graduates (see page 209 for some examples of support for CPD). See INSIDER Link on page 39 for the details of the DHS People Strategy 2007-2010.

There are an increasing number of early career occupational therapists working in the private sector (either in a private company or in a private practice). See INSIDER Link on page 39 for the details of the Register of Private Practitioners listing the type of private work available for occupational therapists. The advice for assessing your choices in the private sector is generally similar to the public sector. However, it will be important to carefully consider specific details of awards, entitlements, incentives, productivity requirements (for example a target for ‘billable hours’) and conditions (such as required use of your own car, mobile telephone or other information and communication technology [ICT]). You will also need to be proactive about discussing early career support like supervision and/or mentoring, continuing professional development and the availability of counselling if required.

Rotations
It is reasonable that many completing students imagine their ideal first job is a rotational position in a large public hospital or health network. Rotational systems are often viewed favourably by both employers and by early career employees. Working for a few years in a rotational system can offer a range of experiences in occupational therapy services, as well as a good understanding of a range of client needs. Having said that, it is important to be mindful of both the advantages and the limitations of rotational systems when you are considering your early career choices (and assessing the right job for you).

Rotational positions mean that you are consistently required to learn new information, new systems and new interventions. To be effective in your job, you need to quickly and insightfully judge the requirements of each new rotation including the culture and dynamics of the team. The nature of rotations can mean that you are repeatedly the ‘new’ member of an allied health team. Being in a rotation system can require you to move through a predetermined range of clinical settings with limited flexibility to modify the pace, order of progression and/or the specific settings. Rotations may require you to travel to facilities in different locations. All of these points have intrinsic pro’s and con’s that will have varying appeal to each early career occupational therapist.

Be aware that the most important thing about rotational positions is that they are not all alike. That is, if the job is described as a Grade 1 Rotation, the day-to-day characteristics of each ‘Grade 1 Rotation’ job is potentially very different. You need to investigate the exact nature of the rotational system before you can assess if a job is right for you. People have varying views
...I found it quite difficult to get a job at the beginning. I started applying for jobs even before we graduated, before we finished which was in November, early November so October was probably when I first started applying for jobs...

...I really wanted a hospital position and that's all I wanted and so I didn't end up getting a position until April...

Jenny, Early Career OT

"...[If someone is not satisfied in their work] that can also give some guide to sometimes identify that people want to go in a different direction. That is fine. That is just the evolution of their career and where they're at. Sometimes referencing that sort of data [during supervision] can more clearly identify that they need to pursue alternative employment options or a different direction. Because their interests and direction is different from where...[...] their employer's at, or our organisation..." Geoff, Manager

"...I only started thinking about further studies maybe three years into working. I'd just got out of uni and that was all the study I wanted at the moment. I think a lot of people are like that because they feel the cost can sometimes drag on a little bit towards the end. And four years is a long time and you just want to get out..." Cathie, Manager
about the best design for rotation systems. Be mindful that there is some research evidence indicating that rotations shorter than six months long may not be optimal as they do not offer you the opportunity to consolidate early career learning (McKinstry, 2007).

**Generic roles**

Generic roles are jobs that can be done by people with a variety of qualifications. For example, a case manager may be an occupational therapist, a speech pathologist or a nurse. There is a trend in the public sector toward a more generic workforce with professional boundaries being blurred. Your occupational therapy qualification will have prepared you well for taking up a generic position if you are attracted to this type of role within a service. As with the other choices available to you, consider the advantages and limitations of each job.

The challenge of establishing a professional identity can lead to job dissatisfaction early in your career. Some people believe that generic roles positively enable this process, as they require you to reflect constantly upon, as well as articulate, the unique contribution of occupational therapy. Conversely, you may find the lack of discipline-specific influences (including supervision) challenging during your early career.

**Rural and regional opportunities**

There are many early career opportunities in Victorian rural and regional locations. From large regional health networks to small community-based organisations, the country offers a range of job choices. Lannin and Longland (2003) discuss the benefits and challenges of working in rural areas. People choose to work in rural and regional locations for various reasons including:

- Their previous positive experience working in regional areas (like on fieldwork placement);
- the opportunity to work with a range of clients;
- the opportunity to develop specialist and/or generalist expertise;
- the opportunity to creatively solve problems with clients and families;
- the opportunity to work in established multi-disciplinary teams;
- the potential for greater responsibility and autonomy than in metropolitan areas (which, in turn, can promote attributes in management and leadership); and,
- for family and personal reasons including lifestyle preferences (Devine, 2006).

The DHS Region of Choice initiative aims to recruit and retain allied health professionals in regional communities. See INSIDER Link on page 39 for details of the Region of Choice.

**Emerging opportunities**

Changes in the health and human services environment are creating new opportunities for occupational therapists. There are increasing opportunities for public and private partnerships. Occupational therapists have the opportunity to pursue grants and tenders for new developments within the health and human services. Roles suitable for occupational therapists can be found in emerging fields of specialty (such as neo-natal practice), in community development, the corporate sector, and in ecological organisations. You don't need to feel limited by so called 'traditional' early career choices if you are excited by other choices. You just need to be mindful of the advantages and limitations of each job as well as proactive about the support that you will require. Be critically reflective about how the day-to-day work will suit you in your early career. Consider how each job will contribute to your vision for your entire occupational therapy career.
Sue is a strong team player and is highly respected within the occupational therapy community especially for her contribution in the areas of management, leadership and workforce. Sue has initiated innovative programs with her occupational therapy team focused on the unique value of occupational therapy in the provision of occupation-based, client centred interventions (as opposed to reductionist paradigms like equipment provision). Her down-to-earth manager’s perspective in this INSIDER View is vital reading for your early career. Michelle Courtney

Susan Giles
Manager, Occupational Therapy, Western Health Service
Vice-President, OT AUSTRALIA Victoria
Chair, OT AUSTRALIA Victoria Workforce and Professional Issues Committee
Member, OT AUSTRALIA National Professional Standards Reference Group
Member, OT AUSTRALIA Victoria Fieldwork Forum

A Manager’s Perspective

Managing occupational therapy staff is really inspiring to me. I’m delighted to work with such high calibre professionals, and thrive on developing and consolidating their talents to benefit the clients of our service, and our profession as a whole. I work very hard to maximise the potential of my staff and, as part of that commitment, I set standards around functioning well in the work environment. I’m interested, not only in people doing well, but also in them feeling good about themselves in their work.

A demanding part of my management role is the recruitment and retention of staff. I have years of experience employing occupational therapists at various levels of seniority. Based on my experience, I have set out in plain, down-to-earth language some ideas about what managers want from their staff which may help you with your job-seeking. I have also put down a list of specific advice for you to consider during the selection process. This advice is tailored for the period when you’re entering the occupational therapy workforce for the first time and then continues to be relevant throughout your career.

What do MANAGERS want from an employee?

• Fit with the organisation’s values
• Keep a positive attitude:
  > Optimistic - be happy to be there
  > Like people
  > Enjoy work/patients/clients
  > Resilience
• Good work habits
  > Appropriate dress (no bollies, burns or boobs)
  > Reliability
  > Punctuality
  > Well-organised
  > Compliance with expectations such as input of stats, documentation etc
• Honesty and insight - to know what you know/don’t know - show a capacity to seek help
• Loyalty
• Willingness and ability to learn - take responsibility for your own learning and professional development (self directed learning)

*perspectives written by individual occupational therapists - see page 3 for advice about reading INSIDER View
- Flexibility and openness to change - all organisations are changing constantly, often with little warning - be willing to 'go with the flow'
- Respect for others - their knowledge, skills, opinions, experience
- Team player - can compromise, negotiate
- Good communication
  > Say things/identify problems as they happen - be solution focused
  > Be assertive
  > Listen
- Initiative - "Put your hand up"

**What do MANAGERS NOT want from an employee?**
- Incompetence
- Over confident, rude or abrasive manner
- Bullying or overbearing behaviour
- Passivity - waiting for someone else to solve problems
- Consistently negative about situations
- Unpleasant, mean and/or unkind about others
- Participating in cliques - that is forming and/or excluding people from an 'In' group
- Isolated and/or secretive behaviour
- 'Know all' - that is projecting an image of knowing 'everything' - not being open to new information or being defensive about not knowing something

**Tips for new graduates from a MANAGER:**
- Do not take a job that you honestly feel you can't do - eg sole position, or in an area in which you lack skills. This is better for you and the profession.
- Participate in supervision and/or mentorship, and have a documented plan to keep you on track (may be expected in the organisation, but often not provided)
- You don't have to be Superwoman/man, look after yourself, keep the balance - aim to prevent 'burnout'
- Expect to feel that you're floundering, or don't know what you're doing at times, but know that this will change over time. This is OK!
- Work on good time management, organisation and planning
- Pursue professional development - be responsible for your own learning
- Seek opportunities - professional and personal
- Learn about who you're working with and develop those relationships
- Ask for help if you are struggling
- Social activity - consider going out for a coffee with colleagues - this can help with de-briefing
- Don't generate a reputation as a 'whinger' or a 'loner'
- Involve yourself in the professional Association, OT AUSTRALIA - eg in Special Interest Groups to start
- Enjoy your life as a worker rather than student!

**The job selection process**

**Applying/Getting an interview:**
- ALWAYS follow application instructions - eg download or request the Position Description and/or information pack, and ring to clarify if needed
- Be aware that you may be required to attend a group interview or similar, to assist short listing.
- Prepare a good CV and letter of application (no more than one page) - not too detailed, clear, main points emphasised, well written and formatted, spell checked and then spell check the 'spell checker' - demonstrates competent IT skills, responsive to selection criteria for particular position
- Tailor CV to each job - make sure that the application looks specific to the position
- Demonstrate knowledge of the organisation - look at the website, read any relevant material. How are you going to fit with the organisation? - this is critical for the applicant to address
- Include relevant generic skills and experiences as well as OT specific ones - how will they benefit or enhance the particular workplace?
- If you haven't had specific relevant experience, consider what elements of your student placements may fit the job
- Communication with employer - use of email can be an advantage - need to work out the balance
between appearing suitably interested, but not nagging or harassing
• If a job is not advertised, ‘cold calling’ may be useful (i.e. ring or email a key person in the place you’re interested in, to see if they have jobs coming up and may be interested in having a copy of your CV) - shows initiative and interest, and puts a voice or face to a potential applicant
• Try to demonstrate that you are seriously interested in that workplace, not just throwing your application out there
• Make sure that you know what your referees will say about you, and use referees who can attest to things relevant to the position. Try to get at least one 3rd or 4th year student fieldwork supervisor as a reference
• Be flexible about your availability for interview - don’t be too restrictive in times, days etc
• Need to demonstrate a professional, responsible attitude - consider carefully why you want a position, and don’t accept a position if you really don’t want it (OT Managers have long memories and often know each other!!) It’s very expensive for employers to recruit (both time and money are wasted)

Before the interview:
• Use the Position Description to work out what questions may be asked and how you could respond
• Practice interview questions with friends
• Know where you’re going and how you’ll get there!
• Relax - work out how to minimise anxiety - use of relaxation techniques, leave plenty of time to get there and settle before going in to the interview room, perhaps ascertain who will be conducting the interview
• Identify which skills or attributes you have which are transferable to the workplace, not just OT skills - plan to mention them in the interview
• Dress appropriately - smart casual/professional look, rather than off to a nightclub/party

Samples of questions, which may be asked:
• Why do you want the job?
• OT skills - skills and experience for the job, response to a clinical scenario, understanding of assessments, quality etc
• What sort of person are you? eg communication style, conflict resolution, strengths and weaknesses
• Team work
• Understanding of and commitment to OT philosophy and practice - eg what’s the difference between an OT and a PT?
• Where do you want to be in three years?
• Use of scenarios - clinical, other scenarios in the broader context

At interview:
• Use appropriate language and non-verbals
• Use your techniques to minimise anxiety
• Seek clarification if you don’t understand a question or have forgotten part of it
• Say if you don’t know - this is preferable to trying to make things up and rambling on
• Sell yourself - convince the interviewer that they should employ you
• Be sincere and friendly, and show your personality - engage with the interviewers, use eye contact, humour - if feeling anxious, let them know
• Ask questions - but not just for the sake of it - ie if at the end of the interview all your prepared questions have been answered, say that
• Take the opportunity at the end of the interviews to make a personal statement if you think the interviewers haven’t got a good sense of whom you are - eg “I would really like you to know that I am very keen to work here”, etc
• Make sure that your referees have been informed that you’ve applied for the job, and are available - know what they will say about you if possible
• If unsuccessful for the position, ask for feedback

My role as a manager is to work in partnership with you to make your job as workable as possible. Always keep in mind that you have an obligation to work with me to ensure the very best possible occupational therapy services are provided to our clients.

I hope as you enjoy the challenge of your early career that you will always keep the manager’s perspective in mind. I wish you well as you embark on this new chapter.

Susan Giles

*perspectives written by individual occupational therapists - see page 3 for advice about reading INSIDER View
Volunteering

You may choose to become a volunteer as all or a part of your first job. Volunteering can be a great way to expand your life skills. At the same time, volunteering could develop skills that will contribute positively to your occupational therapy career. In Victoria, there are many organisations that offer opportunities for volunteering. Internationally, the World Federation of Occupational Therapists (WFOT) has a presence in several community-based rehabilitation programs. See INSIDER Link on page 39 for links to volunteering resources.

How to Find Jobs

There are many different sources of information about the occupational therapy jobs that are now available or are opening up in the future. Below is a 'straight talking' list of options that you might want to consider when you're looking for a job.

- Professional association websites and newsletters (for example OT AUSTRALIA Victoria) - as a member you may also receive email broadcasts about available jobs - the association also holds new graduate and job forums which can be helpful
- Saturday newspapers, or other publications with health and human services focus - some people start looking in the paper 12 months before they are seeking to make a change
- Web-based recruitment services are increasingly popular - you can search based on location, fraction of appointment (that is, full-time or part-time), sector or specific employer organisations - you can elect to receive job alerts via email - some services have online discussion forums about job-seeking
- Recruitment agencies - you can find them in the phone book or on the web
- University recruitment fairs, websites and publications - think about being active in the alumni as a way of consolidating your network
- Websites or newsletters of major healthcare facilities - use your Internet search engine and follow the links to employment (or related term)
- DHS website links to the Victorian Government career site
- Word-of-mouth from major placements and other networks - think about staying in contact with your supervisors and your university contacts (and avoid having negative interactions with people who could form your network!)
- If you are clear about your preferred field of specialty - establish contacts (with services or at special interest groups, conferences and meetings), get yourself known by key people, find out where they advertise (if at all), reflect on what they're looking for in the future - do all the preparation in advance of the job being available

Always keep in mind that effective job-seeking is not a matter of patiently waiting for the right job to become available. Job-seeking requires a flexible view of your 'ideal' position. If possible, keep your mind open to various locations, position descriptions as well as terms of appointment (perhaps taking a temporary job could open doors for you). Job-seeking is an active and dynamic process that requires critical reflection as well as creativity.

Employers Want...

It will come as no surprise to you that employers want employees who will do their job well, will contribute positively to the organisation, and will not cause avoidable problems. A desirable applicant is someone who wants to work, has a good work ethic, has ambition and
The study [well elderly study] unquestionably demonstrated the impact preventive occupational therapy can have on elders, highlighted the cost effectiveness of the approach, and positioned occupational therapists to work in new practice arenas to confront the public health problems of the twenty-first century. Moreover, it has led to hypotheses about the ingredients that rendered the intervention so successful as well as inspired the development of interesting course designs for preparing occupational therapists as lifestyle redesign practitioners’ (Clark, Jackson and Carlson, 2004, p. 216).

‘…[If I were to] offer occupational therapists one piece of advice, regardless of their speciality, it is to grasp every opportunity that comes their way because, believe me, it can take them to places that they never dreamed would be possible’ (Walker, 2003, p. 339).

‘…some junior occupational therapists do seem to experience difficulty in their early practice, with an apparent mismatch between their expectations and experience of practice’ (Rugg, 1996, p.168).

‘As 21st century occupational therapists, we need to take a proactive stance towards career planning and development’ (Withers and Shann, 2008, p. 124).

‘Occupational therapy managers perceived…[management of future planning, organisational practices and team leadership skills]…as the most important managerial skills and competency areas required of new graduates’ (Adamson, Cant and Hummell, 2001, p. 190).

*verbatim quotes from the literature - see page 6 for advice about reading INSIDER Think
will have a commitment to the organisation (Drafke, 2002). It costs employers a lot of money to recruit an employee, so they want to get it right! Keep in mind that for some highly sought after Grade 1 occupational therapy positions, there can be as many as 80 applicants. So, the process of recruitment can be a big workload for employers.

Some people talk about the 'balanced graduate', which generally refers to the balance between your professional (including academic) and personal attributes. Your potential employer may consider the quality of your academic results. They will definitely consider your professional and personal attributes (such as evidence that you are a team player and/or a leader) (Deakin University, 2006). The DHS People Strategy 2007 - 2010 aims for 'people who are skilled, flexible, engaged and resilient, highly productive and can meet changing demands' (Department of Human Services, 2007, p. 2).

You will have many attributes described as core or transferable skills. Your occupational therapy skills are vitally important but these core skills are most important to employers. Your core skills could include:

- The ability to work in a team;
- good number and word skills;
- effective communication skills (verbal, written and non-verbal);
- the ability to think creatively and problem solve;
- the ability to use your initiative;
- the ability to think critically and analytically;
- being able to get along with others; as well as,
- effective time management skills (Graduate Careers Australia, 2008).

The INSIDER View in this chapter on page 25 has 'straight talking' lists describing both the desirable and the undesirable attributes of employees seen from the manager's perspective. Recruitment agency websites also give you ideas about what employers want from their employees. These sites have a wide range of information about job-seeking and the selection process including ideas about how to dress, how to get along with your workmates, and how to behave appropriately in the workplace.

**The Selection Process**

So, you've thought about your choices, you know where to find the jobs, and you've reflected on what you can offer an employer to match what they want from an employee. Now it's time to focus on the various stages of the selection process. These stages include preparing for your job application, writing your resume, the interview and the follow-up. See the INSIDER View in this chapter on page 25 for comprehensive, 'straight talking' advice about all aspects of the selection process from the manager's perspective.

When you finish your studies, you are sometimes called a 'new graduate'. Technically, you will not graduate until the graduation ceremony that is usually held in the year after you complete your studies (you will graduate 'in absentia' if you don't attend this ceremony). You are able to start work as an occupational therapist before you formally graduate. Most employers require evidence you have successfully completed your studies (an academic transcript indicating that you have completed all the requirements of your qualifying course). You will need to check the details of exactly when you are eligible to work with each prospective employer.
Preparing for my job application

As you are considering all the available jobs and preparing your applications, it’s important that you understand the basic facts about your entitlements (see Chapter 2 for information about your entitlements). What salary should you expect? What award and conditions are relevant? What will the employer provide in terms of the day-to-day practicalities of your work (for example uniform and transportation)? You need to realistically consider how these ‘basics’ will work for you before you consider applying for any position.

It’s useful to do background work and reflection to clarify how any specific job could work for you. A realistic understanding of exactly what the day-to-day job involves may avoid you feeling the need to leave a job shortly after you’ve started because the job was not what you had expected. Having a ‘false start’ like this is not ideal for you (in terms of the stress) and is costly for the employer. Realistic expectations of the job will set you up for a good experience if you are the successful applicant. Realistic expectations of the job will also assist you to prepare a targeted and thorough application. An application that is well-prepared is more likely to be short-listed (for an invitation to be interviewed).

So, it’s good to find out as much as you can about a job before you decide to apply. Get to know not just the job, but also get to know the prospective employer. Start with websites, read the annual report, and/or talk to someone who works at the same place (or a colleague who had a fieldwork placement there). Some useful points to think about when you are considering an application include:

• What is the culture of the organisation?
• What is the leadership style of the employer?
• What are the potential career pathways available to new employees?
• What are the day-to-day characteristics of the job? How is the work scheduled? Is there variety and flexibility in the day? Is there routine and structure if that is your preference?
• What information and communication technologies will be available in the workplace?
• What are the opportunities for supervision and/or workplace mentoring?

If you’re looking for support to get started on your job applications, it’s reasonable to check the university resources that may be available to you as a new graduate (starting with job-seeking information on the university website). At this stage, you may wish to seek advice from people with expertise in the health and human services and/or with expertise in career planning.

Writing my resume

(See the INSIDER View on page 25 for the manager’s perspective.)

The purpose of your written resume is to get yourself 'short-listed' with a view to being offered an interview. Your written resume is often the first impression that you give a potential employer. The quality of your written resume in itself will not land you a job. Having said that, a poor quality written resume will put you out of contention for a job. Employers value well-prepared resumes as well as good attention to all the details of the application process. This stage of the selection process is not a time for missing details or skipping on the spell check!

ALWAYS get the position description. Always read the position description thoroughly. If the position description raises questions for you, contact the nominated person on the
advertisement for clarification. Make sure that you understand and effectively address the selection criteria (especially the essential criteria). In your professional life, your resume can also be known as a curriculum vitae (CV). There are some technical and traditional differences between a resume and a CV but expectations are blending in the current environment. Ultimately, you will need to design and label your document as requested by the prospective employer.

Think carefully about your resume approach for each application. A functional approach will focus on your experience and skills. A chronological approach will list your work history (usually with the most recent experience first). Your resume may strategically combine a functional and chronological approach depending on the job and the attributes that you want to highlight. An employer who has a large number of applications to read may prefer to see your job history at a glance. Do include information about your experiences outside your occupational therapy studies (for example other work experiences, volunteering, as well as activities in community groups). Employers are looking for evidence that you can make a commitment to an organisation. Work experience of any kind not only gains you referees, it provides a proven track record of a desire to work, a work ethic, punctuality and reliability, teamwork, problem solving skills and people skills such as customer service. Involvement in community activities indicates you have initiative, dedication and ambition.

Below is a 'straight talking' checklist of basic tips to assist with writing your resume (or CV). (See page 146 for more advice about written communication.)

- Focus on the information that is relevant to that specific job
- Your contact details and those of your referees must be up-to-date
- The email address that you supply as a contact should be appropriate and professional - that is, not born2skate@something.com or reprob8@uni.net or princess@mail.co
- Make sure that you have a message recording system for the telephone number(s) that you have supplied as contact(s) - make sure the greeting sounds professional (and not like you are all about arranging your social life!)
- Spell and grammar check - then manually 'spell check' the text for 'weather' or not an inappropriate substitution has been made by the spell check function on your computer
- Proof read and if this is not your talent, enlist some support
- Design a clear, easy-to-read presentation on the page - there are varying views about inserting a photograph of yourself - some people consider a photograph to be a 'turn off' - try to establish the norms for the specific job environment - you could telephone and ask the prospective employer of their specific preferences
- Choose professional font and print colour - for example, black Times New Roman or Arial
- Keep the document short and simple
- Always include a personalised cover letter giving details of where you saw the position advertised and your enthusiasm for the opportunity to discuss the position (that is, to receive an invitation to be interviewed)
- Look at various websites for examples of how to write your resume and your cover letter
- Get some help from people who have experience in the health and human services field (Drake International Australia, accessed 2008)

Always be mindful of the reader who will be deciding whether or not you make the short-list. Your resume approach should create interest in you. You’re aiming for the reader to want to
• Explain why you would ‘Google’ a potential employer organisation?

• What do you think would happen if you arranged to visit a potential employer organisation before you applied for a position?

• What are the strengths and weaknesses of the content and the presentation of your curriculum vitae (when considered in relation to each specific application)?

(Velde, Wittman and Vos, 2006)

• How are your career goals matched with the priorities and values of the potential employer organisation?

• What is a new example of a relaxation technique that you could use before an interview?

• Talk about a time when you have experienced something new while you were feeling under a lot of pressure to perform well.

*questions to promote critical thinking - see page 14 for advice about reading INSIDER Lead
hearing more from you and about you at an interview.

The job interview
(see the INSIDER View on page 25 for the manager's perspective)

If you have been offered an interview, it is because your written resume created positive interest in you as a potential employee. The job interview is your opportunity to consolidate this initial interest. Try to view an interview as a reward for a good quality application. If at all possible, enjoy the interview process as your time to talk about how your unique attributes match with those sought (often called 'desired' and 'essential') by the prospective employer.

In general terms, it's worth practising your interview skills. You can ask people who know you well for feedback, being aware that they are not able to give an accurate and realistic 'outsider' view of you. Think about asking the advice of someone who is familiar with the field. Arrange with a friend and/or colleague to rehearse common interview questions. Use a mirror and get to know how you come across non-verbally when you're answering questions. It may be useful to take a video of yourself answering some questions. However, it's important to strike the right balance in your approach to practice. You don't want to create too much anxiety about your 'performance'.

Some standard questions to try answering include:

- How would you describe your personality?
- What are your strengths? Conversely, what are your weaknesses?
- Tell us about a job that you have enjoyed, and why?
- Where do you see yourself in two and/or five years time?

Always be truthful in your answers. The risks of being dishonest are not worth the unlikely gains. Keep in mind that prospective employers may check your answers with your referees.

Below is a 'straight talking' checklist to assist with the interview process.

- Prepare for the interview - you might want to compile relevant documents - consider taking a presentation folder or portfolio with examples of your work and achievements - a portfolio could include details of your fieldwork experiences
- Always take a notepad and pen into the interview - it may be appropriate for you to make short notes prior to answering complex questions - you may have points to raise and/or questions to ask listed on the second page of the notepad
- It's worth setting some goals for what you will say in the interview - you might have a few things that you definitely want to make sure the interviewer knows about you before you leave - you could write these on a pad on the same page as your questions
- First impressions do count and it's important that you are careful about the messages you send with your dress, accessories, hair, make-up, jewellery
- You want people to listen to you - so make sure that you are not wearing anything that will be distracting for others (this includes any scented products)
- Your dress should be appropriate to the job and organisational culture - you may want to go and look at the attire of people who already work there prior to your interview
- Make sure that you feel comfortable in your outfit and that the outfit will be appropriate when you sit down (for example, sometimes skirts are an appropriate length when you stand but when you sit they can appear very short)
- You want your personal presentation to inspire confidence in you - so think about keeping it simple and classic
- Never be late - make sure that you know exactly where you are going, how you will get there, and how long it will take - it might be worth doing a 'trial run' on another day prior to the interview if you can
My Early Career

Jo landed her first occupational therapy job during her last semester of studies. She had a short break after she finished university and since then has been working in a Grade 1 position at a large regional facility. Jo’s really conscientious in her occupational therapy practice and dedicated to her clients. Her supervisor has been giving her lots of positive feedback and has approved her attending three different one-day workshops relevant to her clinical load. She’s also been attending the regional occupational therapy group and forums relevant to new graduates held by OT AUSTRALIA. Jo’s now 12 months into her job and feels like she’s competent in all the important performance components. A Grade 2 position has come up in her facility. Jo’s wondering- should she go for it? When do you stop being a ‘new grad’? Jo’s never really heard from anyone when the ‘transition to practice’ is officially over.
• Get to the interview with enough time to catch your breath
• You must turn your mobile off before the interview - don't wait until you are in the interview as this can be distracting
• Keep your mind focused on an active process of relaxation - you might want to learn some quick and effective breathing exercises
• Try to relax when you are in the interview and don’t be afraid to laugh if it is appropriate
• Your non-verbal cues are important - stay positive in your body language with good eye contact - avoid crossing your arms - check that you're not looking down or up too much when you are speaking
• Everyone will understand if you're nervous - sometimes the people who are interviewing you are nervous too
• Do 'sell' yourself with good examples of your experience and your unique attributes
• Always present a willingness to learn
• Always emphasise your good communication skills, and your ability to get on with people
• It may be OK to talk about life outside of work - for example telling the interviewer about clubs or other activities that you are involved with can demonstrate you are a 'well-rounded' person
• Don’t speak negatively about yourself or others during the interview - you can show insight into areas where you can develop without being negative - even if you definitely know that the people interviewing you share your view, saying negative things about others is a big risk
• Ask when you are likely to hear about the outcome of the interviews (Deakin University, accessed 2008b)

The questions that you ask during the interview give prospective employers more information about you. You want your questions to contribute to a positive view of you as a potential employee. The interview is not the time for you to ask basic questions about the job that you really should have answered before you made your application. You will turn people off with a long list of questions that could have been answered via other sources such as the position description, the selection criteria, the website and/or the annual report. Make sure that your questions count toward helping you decide about working for this potential employer.

Both video and telephone interviews pose unique challenges and require special preparation. You would be wise to research specific advice about these forums if you're likely not to have a face-to-face interview.

Group interviews are not uncommon especially for entry-level positions where there are large numbers of applicants with comparable written resumes. Group interviews give prospective employers an introductory view of how you function with other people. It is worth investigating some of the group interview strategies that are used in the health and human services, especially if you are applying for a position likely to attract a large number of applications.

You may be required to demonstrate some skills and/or work samples as part of the interview process. You may even be required to take some psychological tests as part of the recruitment process. It will be worth finding out as much as you can about these requirements in advance.

**Follow up**

Follow up after an interview is useful. If you don't receive a job offer, then ask for feedback about your application (and/or your interview performance). If you do receive a job offer, promptly respond to the employer (via telephone, email or letter depending on how they have made contact with you) to accept or decline. Even if you don't want to take the job, it's important to communicate this directly to the prospective employer.
If you accept a job offer, make sure that you receive confirmation in writing (including details of your salary). Check if there are any requirements that the employer may have of you prior to commencing employment (for example Police Check, a Working with Children Check and/or a health assessment).

Special circumstances may require you to change your mind about an agreement. Never take the decision to rescind your agreement lightly, as any disruption to the recruitment process may be viewed negatively by the potential employer.

**My Career Management**

You know that there is no one-size-fits-all way to have an occupational therapy career. Your career is only one aspect of your life. Yet, your career will be influenced by your life, and your career will influence your life. Your career path does not need to be laid out right now: Still, you do want to be in control of where your career takes you in life. Think about your vision for your future. What do you need to do to achieve this vision? ‘Career development theories provide a basis for individual career decision-making. Career-planning is advisable, but not always possible when external circumstances only present forced choices. Practitioners are likely to move through four levels: Growing, exploring, establishing and maintaining. Research shows that individuals cycle and re-cycle through these levels when they change careers. It is likely that practitioners have similar experiences when they change jobs, undertake new projects, or take on a graduate student role. Career decision-making involves making choices and striking a workable balance between various roles. The level of importance you assign to a role and the work-related values you endorse both play an important part’ (Madill and Hollis, 2003, p. 53).

Career management is important even if you don’t see yourself as ‘career-minded’. According to Bender (2005):

- ‘The ongoing mastery of new skills and experiences in the early years of employment encourage feelings of job satisfaction and professional growth.’ (p. 365);
- ‘Opportunities for upward mobility, typically not burning issues for many new clinicians, become important as the clinician moves from novice toward expert status.’ (p. 365);
- ‘Innovative staff development programs that create a path for clinical employees who want to escape from real or perceived employment boxes may increase job satisfaction and encourage employee retention.’ (p. 364); and,
- ‘Employee satisfaction is based on the belief that the intellectual and emotional opportunities encountered on the job will continue to grow and develop throughout an entire career’ (p. 365). See INSIDER Link on page 39 for information about advancing your practice.

**Graduate study**

You know that continuing professional development is vital for all health and human services professionals. Assessed studies are an excellent investment not only in your development as a practitioner but as part of your career development. Some jobs require specific levels of graduate qualifications and some jobs pay you allowances for extra qualifications. *Straight talking* examples of the options for advanced qualifications that are available to you include:

- Certificate - usually a particular, focused area of skill or expertise
- Graduate Diploma - broad studies concerning a specific area of knowledge
- Master - more focused study involving theory - you can choose ‘coursework’ which will involve a minor research thesis or ‘research’ which involves a major thesis
- Clinical or Professional Doctorate - highest level of ‘coursework’ study available - also will...
involves a research thesis
• PhD - research thesis addressing a specific research question - can be either by thesis or publication depending on the university - qualification to become fully-fledged member of the research community

It’s important that you get sound advice about the right course (as well as university, supervisor, and/or mode of study [on or off campus]) for you. You may want to consider discussing the options with a mentor who is familiar with the graduate possibilities available to occupational therapists.

Universities are mindful of the complex and demanding lives lead by health and human services professionals. There are not only courses covering a range of qualifications; there are courses offered fully online, through distance education, via intensive seminars, and with varying speeds of progression (for example, full-time, part-time, accelerated). Some courses articulate with other courses; meaning that by passing the first course you can continue straight into a course with a higher level of qualification. You will find links to the universities in Australia that offer courses in occupational therapy, at the OT AUSTRALIA (national office) website www.ausot.com.au. You could also consider international universities as long as you’ve checked that: They are credible institutions (you could check if they are approved by the World Federation of Occupational Therapists [WFOT]), you have the compatible information and communication technology, and, you are available to travel to meet any course requirements.

Locally and globally, the cost of courses varies. You will need to factor in the course fees and the university fees as well as the day-to-day expenses associated with studying (like travel, access to information and communication technology, stationery supplies like printer cartridges and time out of your work).

When considering further assessed studies you could also think about diversifying your qualifications (as opposed to advancing them as discussed above). For example, there are occupational therapists with complementary qualifications in architecture, neuro-psychology, interior design and the arts.

**National and international contacts**

Contact with colleagues who work nationally or internationally can make an important contribution to your career development. Now it is possible not only to establish, but also to maintain, strong professional relationships from anywhere as long as you have the available technology. You can also initially meet key people at conferences and workshops. Be creative and think strategically about with whom you are keen to make contact during your early career. As with all your networking (see page 253 for specific discussion of networking), it’s important to strike the right balance during these interactions. It’s wise to avoid being perceived as pushy, grasping or aggressive.
Occupational Therapy Jobs
- OT AUSTRALIA (national office) www.ausot.com.au
- OT AUSTRALIA Victoria www.otausvic.com.au

Rural and Regional Careers

Volunteering
- Occupational Therapist International Outreach Network (OTION) www.cfot.org/otion
- Occupational Opportunities for Refugees & Asylum Seekers (COFRAS) www.cofras.com

Direction in the Health and Human Services

Advancing Practice

*readings and resources for follow-up - see page 10 for advice about reading INSIDER Link
My Occupational Therapy Job

My Occupational Therapy Job presents information about earning a living as an occupational therapist. The Business of OT focuses on the need for business acumen as well as on the trends in occupational therapy business. The Business of my Job starts with consideration of ethical business practices, and then presents information about practicalities like entitlements, taxation, superannuation, financial planning, insurance and memberships. My Occupational Therapy Job ends with Business Know-HOW and Know-WHO reinforcing the importance of professional fellowship in the day-to-day business of occupational therapists.

Meg, a Completing Student said '...Certainly, if I'm going to work somewhere I am going to research what they're like. I want to know what their culture is like. I want to know what they have to offer in incentives for me working with them. What social networks and outlet[s currently exist]? Do they offer the sort of support I'm going to need as a new graduate? There's certainly a lot of things there that I'm going to want to explore first before I actually sign a contract...'}
The Business of OT

Focus on business acumen in my job

Business acumen is significant to all occupational therapists in the current health and human services environment. Wherever you work, you just can't afford to lose sight of the business aspects of your job. Primarily concerned with the direct interests of your clients, you might not like or embrace the business aspects of your job. You still can't ever afford to ignore business. Ignoring the business aspects of your job will impact on your ability to address the interests of your clients. So, ultimately, if you ignore business, your clients will be disadvantaged.

If you are drawing an income as an occupational therapist (and/or have used your occupational therapy qualification to secure your job), then you are in business as an occupational therapist. Your knowledge and skills as an occupational therapy professional are traded as commodities within the marketplace. The health and human services marketplace is extremely competitive. Although occupational therapists are increasingly moving into the private sector, those working in the public sector are also working in a business environment (and are often interacting with the private sector). Health and human services (including hospitals) are designed and generally funded according to a business model. So, never forget that you are working in a business environment. Whether you work in the public or private sector, you need to develop your business knowledge and skills to enable you to function at your best. Business acumen is not only vital for your own survival in your job; it is also vital for the success of the occupational therapy profession in the competitive health and human services marketplace.

As occupational therapists, we all know that there are tensions around being in business to meet the needs of our clients. The financial imperatives driving health and human services systems can cause us to question the priorities of those systems. Nevertheless, in the real world of day-to-day practice, we must work effectively within existing systems to meet the needs of our clients.

"For health professionals to ensure that the ethics of health care are fairly represented in the business environment, the suggestions below may assist in maintaining clinical integrity in a business setting:

- Be honest. Always ensure that you can deliver what you promise to the client.
- Treat people in the same way that you would like to be treated.
- Ask yourself and your organisation if you are in the business to make money or to make positive changes to health, or a combination of the two. How will you reconcile the differences if they occur?
- Identify all your stakeholders.
- Be sensitive to the caring function of health service delivery" (Goddard, 2007, p. 260).

You need to view yourself as a business (health and/or clinical) professional. There are some basic aspects of your business that support your professionalism. Sloan and Dwyer (2006) suggest that these basic aspects of a positive business approach include:

- Your membership of organisations relevant to your work (like accreditation to provide evidence that you are improving and updating your knowledge and skills);
- Continually improving your communication and interpersonal skills (including written methods
The ‘statements’ concerned with discrimination and with referral of clients relate directly to the practicalities of making your living as an occupational therapist. Discrimination is a ‘statement’ about the fundamentals of assuring an equitable approach to your work. The second ‘statement’ included in this chapter is about due respect for the process of client referral. What constitutes a ‘timely manner’ will differ in various settings and circumstances. During your early career, it is vital that you seek any support and information (including advice about time management) that you need in order to attend to referrals within an appropriate timeframe.

"Discrimination
Occupational therapists shall not discriminate in their professional practice, on the basis of ethnicity, culture, impairment, language, age, gender, sexual preference, religion, political beliefs or status in society.’ (OT AUSTRALIA, 2001, p. 3)

"Referral of patients and clients
Occupational therapists shall respond to referrals in a timely manner.’ (OT AUSTRALIA, 2001, p. 6)

* discussion of and excerpts from the Code of Ethics - see page 8 for advice about reading INSIDER Code
of communication);

- being organised in your work and your environment (like your office space or clinical area);
- being appropriate in your personal presentation; and,
- always being ethical in your practice.

By thinking of yourself as a business (health and/or clinical) professional you can open your mind to useful resources that are readily available. There are newspapers (or sections of newspapers), magazines and books about the business environment, as well as about being successful in your own business. Take the time to browse in your local newsagent or bookshop. See INSIDER Link on page 55 for more information.

Business trends in OT

Staying alert to trends in business is vital for ongoing viability in any business environment. As an individual occupational therapist, you need to be alert to trends in your immediate environment that could impact on your business (that is, your job). These could be trends like a change in your client demographic; an increase in Continuous Quality Improvement (CQI) activities within your employer organisation; changes in the funding priorities of your service; and changes in the office space available to service the needs of your business. Being alert to trends means that you can be proactive in your approach, and effectively manage these aspects of your business.

Trends within the broader health and human services environment are also significant to individual occupational therapists. Staying alert to these broader business trends is also vital for the success of the occupational therapy profession. Key trends within the health and human services business environment over recent years include that:

- Life expectancy is increasing;
- there is an increasing proportion of older people in the population;
- infant mortality is decreasing;
- there are increasing rates of chronic illness;
- there are increasing amounts of money being spent on health per person;
- there is a decreasing length of stay in acute care hospitals;
- there is a growing demand for health professional services; and,
- rural and remote areas are attracting fewer health professionals (Australian Institute of Health and Welfare, 2001).

These trends within the health and human services environment create opportunities to strategically restructure our occupational therapy business. Below is a ‘straight talking’ example of how a trend in the broader environment could dramatically change the entire model of occupational therapy service delivery.

- People are living longer with chronic conditions, and they wish to continue to be active in the community
- There is a need to address prevention of chronic conditions
- A primary care model is vital
- At the same time, there is a need for specialist services addressing the impact of chronic conditions on occupational wellbeing
- The ability of clients to self-manage chronic conditions will be important
• This could involve a multi-disciplinary approach addressing client, carer, family and community needs
• Using a team approach will require health professionals to better understand the business of other professions
• Effective inter-disciplinary and trans-disciplinary teamwork will become vital
• This requires a new paradigm for health funding (for example, public-private partnerships) which could involve less funding to some existing services
• So, there is potential for emerging service delivery models to become 'core business' in the health and human services (Australian Health Ministers' Conference, 2007)

You could reflect and create your own examples of how a broader trend could change your service or, in fact, the entire occupational therapy workforce. As a business (health and/or clinical) professional, it’s vital that you stay alert to trends within your immediate environment and in the broader environment. It is also vital that you are able to reflect on the potential impact of any trend (no matter how removed it may appear from the immediate environment of your current job).

**The Business of my Job**

**Doing business right**

We know that some basic aspects of your occupational therapy business do overlap with your professionalism. Always be aware that as a business (occupational therapy) professional you are a member of an international profession with its own culture, values, norms and rules of operation (see page 74 for more information about the occupational therapy profession).

Doing business right as an occupational therapist requires that you are always mindful of the culture, values, norms and rules of operation of the occupational therapy profession.

Doing business right starts with adherence to the Code of Ethics (see all the INSIDER Codes on pages 9, 21, 43, 65, 89, 113, 133, 157, 189, 237, 259 for Statements from the Code of Ethics and search OT AUSTRALIA website for the link to the entire original document). ‘The ethos of the occupational therapy profession and its practice requires its members to discharge their duties and responsibilities, at all times, in a manner which professionally, ethically, and morally compromises no individual with whom they have professional contact, irrespective of that person’s position, situation or condition in society’ (OT AUSTRALIA, 2001, p. 1).

Professional behaviour of a member that breaches the Code of Ethics comes under the jurisdiction of the professional association, OT AUSTRALIA Victoria, via a complaints handling procedure. OT AUSTRALIA Victoria has no jurisdiction over occupational therapists who are not members of the professional association. Complaints concerning non-members are referred to the Health Services Commissioner for investigation. Victoria does not have registration for occupational therapists at this stage. In states and territories that have compulsory registration for occupational therapists (WA, SA, NT and QLD), all complaints are referred to the appropriate Occupational Therapists Registration Board. For more information you could explore complaints at www.otausvic.com.au and the Office of the Health Services Commissioner www.health.vic.gov.au.
During her final months of occupational therapy studies, Zoë demonstrated a good appreciation of key issues in the broader context of practice. As a result, she received the OT Australia Accredited Occupational Therapist Award in 2006. Zoë used her knowledge and skills to make a reality of her early career vision. Michelle Courtney

Zoë Holland
Grade 2 - Paediatric Occupational Therapist
Specialist Children’s Service (SCS), Seymour
Completed studies at Deakin University 2005

Fitting 'right' into the unexpected

As a graduate of Deakin’s first Occupational Therapy (OT) course in Geelong, I had been supervised and ‘inspired’ to be a paediatric OT by Karen Stagnitti (author of Learn to Play and the CHPPA). Unfortunately, full time opportunities in paediatrics are popular, and therefore heavily contested.

In the months following our final year, I was unsuccessful in applying for hospital jobs in Melbourne. Apparently, I was not able to convince myself, let alone my potential employers that I was the one for the job.

Then, an opportunity I did not expect, another graduate emailed me news of a job. Sole paediatric occupational therapist, two days a week in a multi-disciplinary team, one and a half hours north of Melbourne. Not exactly what I had planned - two days a week with no direct, occupational therapy, clinical supervision - but it was the kind of job I wanted, what was there to lose?

In the interview I convinced the team and myself I was ‘just right’ for the job and started two weeks later. As the youngest member of the team (by quite a few years) it was a big learning experience. Thankfully, I was computer savvy and found my feet with the right amount of support. Soon, I was able to take on more work and my position grew to four days a week.

Currently, I am still working four days a week at SCS (one day with Weight Watchers Australia, but that’s another story). I was offered full time, but decided not to take it. I’d rather leave myself open for the next opportunity, who knows maybe further study, a Masters or even private practice.

Zoë Holland
I first met Kristen when she ably chaired a session at the OT AUSTRALIA Victoria Professional Resilience Forum this year. Her involvement in this forum also included being a respected member of the organising committee. Kristen was open-minded about the options for her first job, leading her to early career satisfaction. Michelle Courtney

Kristen Lewis
Mental Health Clinician
Middle South Crisis Assessment and Treatment Service
Monash Medical Centre
Completed studies at La Trobe University 2004

A Round Trip to Success

When I was finishing the fourth year of my degree I knew that I wanted to work in mental health. I started to look around for jobs and noticed that at the time there were limited new graduate jobs. I wanted a job that would be a good foundation and a good starting point for my career. However, I really had no idea what that job would actually look like! So I listened to the OTs that were practising and had experience in the workplace. On their advice, I looked into rural jobs and found that there were some great opportunities.

I ended up getting a job at Warrnambool Psychiatric Services. I had grown up and studied in Melbourne so moving to Warrnambool was a big move. It ended up being a fantastic first job. I was given plenty of training and support and along with that I was given responsibility and opportunities that I know were not available in Melbourne. I had a chance to work in a generic role which meant I got experience in case management, crisis work and triage. I was exposed to a large range of clients and clinical opportunities. I learnt how to work in a multi-disciplinary team and was able to assist in some project development work.

I always intended to move back to Melbourne so after a year and a half, I started looking for jobs. Since my interest had been in the crisis work I applied for work in a Crisis Assessment and Treatment (CAT) Team. The rural job had given me enough experience to take up this new role. The job involves the assessment and treating people who were acutely unwell, working in the Emergency Department and bed management. It's a role that is rarely taken up by OTs but would definitely benefit from more.

Working in the country did not mean that I lost all connection to what was happening in the OT community, and since returning to Melbourne there have been many diverse opportunities. Through working with the CAT team I participated in a pilot program working with Victoria Police. This involved working directly with police in rapid response to emergencies with mental health problems. There have also been amazing opportunities through working on committees organising the OT AUSTRALIA Victoria State Conference 2007, and the recent Mental Health Forum 2008. I have been given the opportunity to present at an open forum and meet many experienced OTs and other professionals.

I still remember the uncertainty of graduating and the pressure to find the right job. I have found that looking at different opportunities with an open mind has led my still new career down a path that has been unexpected but very rewarding.

Kristen Lewis

*perspectives written by individual occupational therapists - see page 3 or advice about reading INSIDER View Page 47
Sarah started her occupational therapy career after working successfully in another industry. She has approached her early career with positivity and critical reflection leading her to maximise every job opportunity. Michelle Courtney

Sarah Muir
Grade 1 Occupational Therapist (in permanent rotating position)
Barwon Health
Co-convenor of Barwon OT Connect Regional Special Interest Group (OT AUSTRALIA Victoria), AccOT, associate member of AHTA, member of WFOT
Completed studies at Deakin University in 2006

After a variety of jobs, I got a taste of public work and then never looked back!

Private Practice

My 4th year placement was in private practice with an experienced professional. When the opportunity to work in that practice came up I was excited to take on the job. Working in private practice gave me some great skills in thinking on my feet and time management as well as experience with a large variety of different injuries and conditions. In private practice, GP referrals came with ‘detailed diagnosis’ such as ‘jarred left index finger’ and there was little opportunity to triage or prepare for patients which was challenging for a new grad. This also meant, however, that I got to see conditions that I would never have been exposed to in the public sector, which was fantastic experience. Working in small business had its associated challenges such as a small budget for professional development and, obviously, a focus on the business being financially viable. Overall, I feel sure I would not have become the OT I am today if I didn’t have this private practice background.

Private Company (Occ. Rehab.)

To offset my private practice work I also worked part-time in an occupational rehabilitation company. This job was terrific because of the excellent focus on positive reinforcement and the wonderful team support. Due to retention problems there was also a focus on income incentives including performance bonuses and lots of recognition for good work. The team was very flexible and tried to meet any needs of staff in order to retain staff. Clinically this work was very demanding and in order to be financially viable staff were expected to be very productive. It was a challenging experience, but again, one I am very grateful to have had.

Taste of public work and then never looked back!

Working in the public system was a wonderful surprise. Referrals are received with diagnoses already known in detail, there is time to both triage appropriately and prepare for patients with more difficult conditions. I have loved working in larger teams (both multi-disciplinary and OT) which means that you have access to a bigger pool of knowledge and experience. There is in-house professional development available and less of a day-to-day focus on financial viability. The fantastic team at Barwon Health have always provided personal and professional support and friendship. Working in a large team means greater diversity within the team and greater potential to diversify as a clinician, there is also more opportunity for advancement. Once I discovered the public system I was hooked, I never looked back.

Sarah Muir
New grads...it is very much generalising, and I am mindful that each staff member is an individual with an individual set of needs and wants. However, the ability to learn, the need to feel valued, the need to feel as though they’re contributing, the social-connectedness that exists within the workplace [are all important]. I think they’re all features which are valued by people. I guess flexibility within the workplace is also important. Being able to adjust sort of work arrangements as the need arises…’ Geoff, Manager

‘…[as] new grads, you don’t necessarily have the opportunity to sit back and watch a few things. You sort of do need to jump in and be able to take up a case load…’ Sharon, Manager

‘…things to do with salary and that type of thing, just sort of get brushed over. You don’t get into the nitty gritty of it because you don’t want to touch on money and things like that. So for a new grad you’re kind of just feeling your way and not knowing if you’re getting paid the right amount and that type of thing. I wasn’t paid the right amount for about eight months and trying to get that back pay was extremely difficult …’ Cathie, Manager

‘…There’s nothing in writing [about the percentage of direct client contact for early career OTs]. That’s kind of something I think a special interest group are looking at it at the moment. But we say about 80% to 90% of the time they should be on the floor. Some of them get a bit bogged down with that sometimes, but they’re aware of that [need to appropriately balance client contact with other work]. And that’s kind of monitored in supervision. And we’re setting up a stat system to monitor that a bit more for them. So that for example for the [new grad] who most of [her] case load was taken away from [her], we just monitored [her] stats for a month to see how much less work [she] would have had than everyone else, to make sure it increased. I think…and get them to do that as well, so that helps them understand…’ Kirsten, Manager

*word-for-word quotes from interviews - see page 12 for advice about reading INSIDER Talk
Your employer organisation will also have its own culture, values, norms and rules of operation. Most organisations will also have complaints procedures. Doing right in your individual occupational therapy business will require you to adhere to the standards set by your employer organisation. It is your responsibility to educate yourself about all the relevant standards (if there is an intranet, this may be a good place to start). You will need to be proactive in defining standards during discussion with your supervisor, team leader and/or mentor.

**The practicalities of my business**

**Getting sorted**

See the INSIDER Views in this chapter commencing on page 46 for the experiences of three occupational therapists who each had a different to start their business, and are now all enjoying their early career.

From the start of your job (that is, your business operations), you need to focus on understanding your own occupational therapy business. Remember, you are trading your occupational therapy knowledge and skills for profit (that is, your income). Getting started in your occupational therapy role means sorting out the practicalities of your business.

**Before you accept a position**, go through the contract in detail and in relation to the position description. One early career occupational therapist involved in the research project to develop this book suggested going through your contract ‘with a fine tooth comb’. Check details of the possible locations of rotational positions, and if the position covers a region, then check the location of your day-to-day base (this may be different to employer organisation’s main base). Never just sign the page that has the dotted line. You may wish to seek expert advice about your contract if you have uncertainties.

**Before you start work**, make sure that you have attended to any requirements (for example a Police Check, a Working with Children Check and/or a health assessment). It’s also worth contacting your new employer to ask about the details of your first few days at work (and ideally, your orientation program). Check if there is any specific preparation that may be useful (including practical details like your attire, the time you will start, to whom and where you will first report [get specific contact details of the person you will meet in case you have any problems getting there on that first day]). You will want to generally prepare your thoughts about getting started (perhaps write a list of ideas and questions).

**Before you start your work**, you may also want to find out about any necessary insurance coverage for your work (that is, the extent, limitations and conditions of any insurance provided by your employer organisation to cover any problems with your work).

**On your first day**, take details of your contract (and documents relating to any other requirements as above), your tax file number, your bank account details for payroll and the contact details of your ‘In Case of Emergency’ people.

Start with understanding all the details of your position description (PD which is sometimes called a job description). You need to be clear about what is expected of you. OT AUSTRALIA Victoria has developed ‘Guidelines for the Definition and Delineation of Occupational Therapy Job Classifications and Roles’ which may assist you to understand your role (see...
• How are membership in OT AUSTRALIA and membership in the World Federation of Occupational Therapists (WFOT) similar? How do these memberships differ?

• What do you think would happen if you arranged for payroll to make an automatic salary deduction (for example $20 per fortnight) into an account designated for your continuing professional development?

(Velde, Wittman and Vos, 2006)

• Explain why it is vital that you read all the details of your position description and your contract prior to signing into a commitment?

• How would you use your orientation period to maximise your ability to hit the ground running in your new role?

• What are the unspoken socio-political differences between membership in the professional association and union membership?

*questions to promote critical thinking – see page 14 for advice about reading INSIDER Lead
It may be useful to discuss the role statement and job factors described for Grade 1 positions with your supervisor and/or team leader.

*During your orientation*, try to enjoy this time when you can find your feet. At the same time, make strategic use of the opportunity to source all the information you need to hit the ground running in your occupational therapy business.

**Entitlements**

Check out the details if any Award or Enterprise Bargaining Agreement (EBA) relates to your position. Be clear about your salary entitlements and how these will appear on your 'payslip' (which may be an electronic document). You may consider arranging payroll deductions for health insurance and/or into a savings account. It’s a good idea to check the totals and deductions for every pay period. Mistakes can happen, and any immediate gain you may make from an error will need to be paid back in full by you (which can add up to a lot of money if you haven’t been accurately keeping track of your totals). INSIDER Link on page 55 lists details of where you can go to investigate your award and your salary rates.

Clarify your leave entitlements. Your employer organisation may have rules about how long you need to be employed before you can take your annual leave (for example, not before 12 months of work). You may be able to negotiate when and for how long you take your leave. Some organisations have a program called 48/52 where you can effectively 'buy' an extra 4 weeks leave. This may interest you so will be worth investigating. Keep in mind that most employer organisations are keen to avoid ‘leave debts’ and will want you to take your leave regularly. You will also want to clarify the rules about other categories of leave that may be available to you including sick leave, family leave, study leave and long service leave.

Be clear about the extent and limitations of any other entitlements and benefits. For example, reimbursement for use of your own car and/or mobile telephone, discounted use of gym facilities and/or staff parking spaces.

**Taxation**

Whether you are working in the public or private sector, you need to know your obligations to the Australian Taxation Office (ATO). Many employers routinely deduct your tax each pay period, so you will want to check that the correct amount is being calculated. You may be eligible for some tax deductions at the end of each financial year (for example work related and/or self education expenses). Keep in mind that you are likely to have a HECS debt to consider. An accountant or taxation officer will be able to help you with specific taxation advice. Generally, it's important that you keep your receipts and records in order, and readily accessible when you require them at the end of each financial year. For further information you could explore the Australian Taxation Office at [www.ato.gov.au](http://www.ato.gov.au), Certified Practising Accountants at [www.cpaaustralia.com.au](http://www.cpaaustralia.com.au), National Institute of Accountants at [www.nia.com.au](http://www.nia.com.au), and the Australian Securities and Investments Commission (ASIC) at [www.fido.gov.au](http://www.fido.gov.au).

**Salary packaging**

Salary packaging is commonly available in large health and human services organisations and it will be worth investigating. If it is available to you, there will be specific categories into...
My Occupational Therapy Job

Sam started work about two months ago at a major metropolitan hospital. She was so excited to actually get her own caseload and settle into a routine as a ‘real’ occupational therapist. One month into her job, there was talk in the office about union action. Sam’s not a member of a union so she didn’t think it had anything to do with her. Then people started talking about ‘stop work’ meetings and ‘workbans’. People in the office were saying not to talk too openly about what they were planning to do because there’s issues of pays getting ‘docked’. Jo’s really worried that she’s going to end up in some sort of ‘trouble’ with either her occupational therapy workmates and/or management. She’s not sure how to decide what is the right thing for her to do in this situation because she doesn’t feel like she has all the sides of the story. Jo’s not sure what her next step should be. At the end of the day, she’s just so disappointed about what all this could mean for her clinical work with her clients who have no other options available to them while they’re in hospital.
which you are eligible to ‘salary sacrifice’ a limited total of pre-tax money. These could include your home mortgage account, information and communication technology devices, travel, and/or professional development activities or events. Your may also be able to salary package meals and entertainment expenses. Do follow-up the details of any available opportunities with your employer organisation. Then it may be worth clarifying your options and obligations with your taxation advisor, accountant, certified financial planner, and/or the ATO.

Superannuation

Superannuation is primarily a way of saving money to provide benefits for your retirement. Your employer is required to contribute at least 9% of your earnings for your ordinary hours of work towards your ‘super’. You may find that your employer organisation routinely deals with a specific industry superannuation fund (for example Health Super or Uni Super). You can generally nominate a super fund of your choice, under certain conditions (refer to ATO website). The Australian Securities and Investments Commission (ASIC) is responsible for the regulation of financial and company laws, and can provide comparative information about the performance of superannuation funds. For further information (including any insurance available through the schemes) you could explore superannuation at www.ato.gov.au/super/ and the Association of Superannuation Funds of Australia Ltd at www.superannuation.asn.au. Keep in mind that you can also make additional payments into your superannuation. Clarify what is best for your situation with your certified financial planner, taxation advisor, accountant and/or the ATO.

Financial planning

As you begin your occupational therapy career, you may wish to take the opportunity to carefully plan the management of your finances into the future. Keep in mind, that we are all enjoying longer careers. The effort you put into managing your career can be complemented by efforts managing your financial future (as well as your ‘financial present’ which is about managing your money right now). Certified financial planners are available to give advice. Do keep in mind that many financial planners represent a bank or other financial institution, and that this may influence the advice that you receive. For further information you could explore the Financial Planning Association of Australia at www.fpa.asn.au.

At the start of your career, you may want to specifically consider some practical ideas like:
• Saving for professional costs including continuing professional development (CPD);
• saving for expenses during your periods of planned leave (like annual and long service); and,
• investing in risk management and insurance (like life insurance and/or income insurance).

Women in the Business of OT

We know that most OTs are women who are in the business of OT. Many women’s magazines have articles on financial independence for women. Examples of topics include the spending habits of young women (there is evidence that a high proportion of income is spent on clothes and lifestyle expenses), and the financial management skills/priorities of women (there is evidence that women are financially unprepared for the future and for retirement) (Marie Claire, 2008; Deitz, 2008).

Many studies have identified a gender gap in retirement savings. Women, particularly women living alone, currently have limited capacity to self-fund their retirement. Women are also more
Health and Human Services Workforce

- Department of Human Services (DHS) Victoria hsp.dhs.vic.gov.au/ops/portal
- Careers with the Victorian Government www.careers.vic.gov.au

Business


Workplace

- The Equal Opportunities Commission www.eoc.vic.gov.au
- Privacy Act www.privacy.gov.au

Career


*readings and resources for follow-up - see page 10 for advice about reading INSIDER Link
prone to live their retirement in poverty or on a low income (Warren, 2006). Business women need to prepare for their own retirement. Below are some 'straight talking' things for women to think about when investigating their superannuation options:

- Statistically, women are likely to live longer than men - so women need to draw from funds for a longer period of retirement
- Interesting and unforeseen events occur over a lifetime that can dramatically change financial circumstances - women are advised to plan independently for their retirement, without relying on a male partner or adult children for support
- As women’s salary tends to be less than that of men, the amount of superannuation that women will receive will be less than that of male colleagues - women need to plan their retirement funds very carefully (Association of Superannuation Funds of Australia Ltd, 2007)

There are many useful resources that are readily available for women in business. There are magazines for light reading (like VIVE - The magazine for women who mean business, or Working Women Magazine - It’s about Success, Business and Life). There are also many web-based resources. Always, critically reflect upon any information that you find especially from sources other than clearly identifiable government supported organisations. Below is a list of web-based links for women.

**Insurers**

Starting this new phase in your career is a good time to review your general insurance status (for example, do you want to consider your options for health, life and/or income insurance).

Worksafe Victoria is responsible for managing the system to ensure safety of workplaces in Victoria. This includes injury prevention and return to work for injured workers, enforcement of Occupational Health & Safety (OH&S) laws, providing injury insurance for employers, and managing the workers' compensation schemes. For further information you could explore the Victorian Workcover Authority at [www.workcover.vic.gov.au](http://www.workcover.vic.gov.au) and OH&S Reps at [www.ohsrep.org.au](http://www.ohsrep.org.au).

The work of occupational therapists employed in the public health and human services system is usually covered by their employer organisation’s insurance policy. It is wise not to take this for granted. Make sure that you very clearly understand the extent, limitations and conditions of the coverage provided for your work. It would be best to seek this information as soon as possible so that you can investigate any necessary and/or additional private insurance coverage for your work.
Irrespective of where health professionals work, they must deal with the business sector. As a result, health professionals are required, more than ever, to understand the way business operates and the implications of marketing their health services as a public or private good’ (Goddard, 2007, p. 244).

‘Health care is a particularly humanistic environment, requiring higher levels of relationship and functional interaction between and among the members of the work community’ (Porter O’Grady, 2004, p. 283).

‘An individual professional is the product of his or her society and education, practising in a discipline that is governed by currently accepted practice, embedded within a landscape dominated by social, cultural, political and economic influences’ (Whiteford, Klomp and Wright-St Clair, 2005, p. 4).

‘…we have now reached a critical point in history where ethical competence and global identity cannot be seen as mere frills and our work must be imbued with global vision, even in the face of controversy’ (Thibeault, 2006, p. 162).
It is increasingly common for occupational therapists to also undertake some private work (for example, in-services at nursing homes). Firstly, you will need to check if this kind of private work is acceptable to your employer organisation (most organisations will have relevant policies). If you are doing work outside and in addition to the work that is covered by your employer organisation, you will need to investigate the insurance required to undertake this work (and/or whether you need an Australian Business Number [ABN]). There are different types of insurance that you may require including Malpractice Liability, Public Liability and/or Product Liability. Insurance costs are generally on a sliding scale based on nature of practice, income, level of coverage and professional membership status. For $10,000,000 cover (the minimum required by Department of Veterans' Affairs [DVA]) costs per annum can range from around $482 through to $1392. For further information (including some key questions to ask about the extent, limitations and conditions of coverage) you could explore insurance at www.ausot.com.au.

**Memberships - Professional**

Supporting your professional association is considered a professional responsibility under the Code of Ethics (OT AUSTRALIA, 2001). Having said that, membership is voluntary (that is, you are not compelled to be a member of OT AUSTRALIA).

When you join at the local branch level (that is, OT AUSTRALIA Victoria - Australian Association of Occupational Therapists Victoria Inc.) you automatically become one of the 5,000 members of the national association OT AUSTRALIA. See page 81 for more details about OT AUSTRALIA. Membership of OT AUSTRALIA is a professional responsibility, that also offers you a range of benefits. Membership benefits include access to professional indemnity and other insurance products, scientific (Australian Occupational Therapy Journal [AOTJ]) and membership publications (like Connections), and continuing professional development (CPD) activities at member rates. CPD activities include conferences, educational forums and specialist courses, networking events, mentoring, Special Interest Groups (SIG), Regional Interest Groups and the Accredited Occupational Therapist Program (AccOT) (see Chapter 8 for further details of these CPD activities). You will also benefit from the lobbying efforts of OT AUSTRALIA for funding via specific government programs.

Membership costs for early career occupational therapists are on a sliding scale based on hours of employment and are discounted for the first 12 months after graduation. New graduate membership costs $355 (Full membership costs $470 while student membership is $76). This compares with full membership of the Australian Physiotherapy Association costing $645. The annual payment cycle for OT AUSTRALIA Victoria runs with the calendar year (as opposed to financial year) and you can join at any time of the year (it's worth enquiring if there are discounts available if you join late in the calendar year after you have completed your studies). Joining the Accredited Occupational Therapist Program (AccOT) costs $121 (plus $27.50 application fee) for two years (Non-members pay $1050). Membership of the World Federation of Occupational Therapists (WFOT) can be arranged through OT AUSTRALIA Victoria (for an additional fee of $34.81). For further information you could explore the OT AUSTRALIA Victoria (Australian Association of Occupational Therapists Victoria Inc.) at www.otausvic.com.au and OT AUSTRALIA (Australian Association of Occupational Therapists [national office]) at www.ausot.com.au.
There are associations or membership groups related to specific fields of occupational therapy practice. Membership of these groups adds to your professional standing and consolidates your expertise in a specialist field of practice. As with your OT AUSTRALIA membership, you will have access to member benefits like continuing professional development resources and activities. Examples of associations or membership groups that occupational therapists join include Australian Hand Therapy Association (AHTA), Lawyers Alliance, and Australian Association of Massage Therapists (AAMT).

**Membership - Union**

Unions are concerned with your rights and wellbeing in your workplace. Unions can represent the trades, professions and/or sectors. Unions negotiate awards and agreements with governments and employer organisations. Membership in a union is your individual decision, and you are not compelled to join a union. Unions are concerned about your pay scales, leave entitlements, working hours and workplace conditions. Unions also offer training (particularly about occupational health and safety [OH&S]), and other resources to members (for example insurance at member rates). For further information you could explore the Australian Council of Trade Unions www.actu.asn.au, the Australian Industrial Relations Commission at www.airc.gov.au, and The Workplace Relations Act at www.airc.gov.au.

**Legal advice**

When working in the public sector, you may have access to legal advice and legal cover provided by your employer. It is worth checking the legal advice and representation available to you should circumstance require this specialist service. Should you wish to pursue legal advice independent of your employer, you can either use a private lawyer or a public law service. For further information you could explore the Law Institute of Victoria at www.liv.asn.au and Victorian Legal Aid at www.justice.vic.gov.au.

**Business Know-HOW and Know-WHO**

In the business of occupational therapy, it is important that you maintain a strategic balance between ‘Know-HOW’ and ‘Know-WHO’. This chapter has focused on some basic business ‘Know-HOW’ to get your started. Your responsibility to continue to develop your business ‘Know-HOW’ should be clear to you. Business ‘Know-WHO’ is about the significance of people to your ability to be effective in your occupational therapy job. Chapter 5 presents specific information about teams on page 109, Chapter 7 discusses thriving with people on page 175, and Chapter 10 explores the value of networking on page 253. The purposes of raising business ‘Know-WHO’ at the close of this chapter is to underline the connection between the business aspects and the people aspects of your occupational therapy job.

It is vital that you make regular contact with peers (for example at work, via OT AUSTRALIA...
activities or other networks). Contact with peers is important for the following 'straight talking' reasons:

- Professional socialisation - by maintaining contact with peers, you will acquire common values, knowledge and behaviours
- Professional fellowship - these are relationships characterised by a sense of sharing, trust, companionship and common interest - these relationships need to be maintained and developed
- Professional competence - by maintaining contact with peers you are more likely to know what is happening in OT practice, and keep up a competent standard of practice.

Business 'Know-WHO' is vital in your occupational therapy job. To be successful in your OT business, you need to value networking and role models. Constantly seek stimulating and inspirational contacts (even from people 'junior' to you). The quality of your relationships is important to you. The quality of your relationships is very important for your clients, too! The better the quality of your professional relationships, the better YOU are at your occupational therapy business!
End of Chapter 2
Inside the Occupational Therapy Profession

Inside the Occupational Therapy Profession presents information about being a member of a profession, then specifically the occupational therapy profession, and then finally, the health and human services professions. Inside Professions explores the meaning of 'profession' including the significance of the Code of Ethics and the professional association, as well as the importance of theory guiding practice. Professionals within the Health and Human Services Workforce discusses the place of professions within the health and human services. The content entitled Inside the Occupational Therapy Profession presents background information about occupational therapy including definitions and workforce data. The chapter will then explore Key Issues Globally and Locally for the occupational therapy profession. Inside the Professional Associations presents information about the World Federation of Occupational Therapists (WFOT) and OT AUSTRALIA - Australian Association of Occupational Therapists Inc. The chapter entitled Inside the Occupational Therapy Profession ends with vital information about Inside the Allied Health Professions.

Cathie, a Manager said '...I think [it's helpful] feeling that you, as a union [of occupational therapy colleagues], are important to the health system in Victoria and Australia. [It] makes you feel a bit more confident that “I am an OT and I am important!”... [ ...And...[ ]...having that identity with everyone [in the health and human services], not just OTs on their own. You're an allied health member and this is your role in the health system, [it] makes you feel like you can make a difference and you are valuable, and that type of thing...'}
Inside Professions

A 'profession' is...?

Historically, the commonly accepted examples of the 'true' professions were theology, law and medicine. In the latter part of the 20th century, the term 'profession' became more widely used, and along with that, the definition of a 'true' profession became more complex. There used to be a specific list of 'traits' (characteristics that you could tick off) that were required to become known as a 'profession'. Now, a wide variety of vocations and/or occupations are described as 'professions', and the use of the term continues to evolve. There is now no single, accepted definition of this notion of a 'true' profession.

So then, questions arise about what a 'profession' really is today... Are you a professional simply because you get paid? (For example, the sports person who was an amateur [unpaid], and then 'turns' 'professional'.) Are you a professional because of your level of education? (For example, the builder [traditionally called a skilled 'trade' person] who has been to university to achieve a Bachelor of Building and Construction.) Are you a professional because there is an association to which you can belong? (For example, the aspiring, though as yet unpaid, writer who is a member of the Australian Horror Writers Association [AHWA].) The reality is that the blurring of the definition of 'profession' will continue, and the debate will (and should) evolve with our rapidly changing community expectations and needs.

The Professions Australia (1997, accessed 2008) definition states: 'A profession is a disciplined group of individuals who adhere to ethical standards and hold themselves out as, and are accepted by the public as possessing special knowledge and skills in a widely recognised body of learning derived from research, education and training at a high level, and who are prepared to apply this knowledge and exercise these skills in the interest of others.'

Below are some points from Freegard (2007) for you to think about as a new member of the occupational therapy 'profession'.

- Your profession is made up of like-minded people, who work together to promote and provide services to others, based on professional knowledge and skills.
- Members of your profession provide expert services that are trusted and valued by clients.
- Health professionals have the right and responsibility to undertake autonomous practice with the client.
- Health professionals gain knowledge and technical skills through tertiary education and training, and are expected to maintain professional competence.
- The expanding body of knowledge of your profession informs evidence-based practice to provide better services to the clients.

The notion of having a 'professional identity' is another concept contributing to the current definition of the occupational therapy 'profession'. The paradigm, viewpoint and values shared by the members of the profession are key to establishing the professional identity for the public (Kielhofner, 2004). So, a more recent perspective on how a 'profession' may be described is as a 'community of practice'. In a 'community of practice', the cultural knowledge of the profession is considered in partnership with the cognitive aspects of the knowledge base of the profession. Members of a professional community of practice experience a cultural learning process (Dahlgren, Richardson and Sjostrom, 2004). You are now a member of the...
One of the ‘statements’ relevant to establishing your professional identity during your early career is about loyalty. Whilst professional loyalty is vital, the national office of OT AUSTRALIA does accept confidential appeals if you have concerns about the behaviour of any occupational therapy colleague.

"Loyalty

'Occupational therapists shall be loyal to their professional organisation and their fellow members of the profession and shall respect and uphold their dignity.' (OT AUSTRALIA, 2001, p. 4)
occupational therapy community of practice. Importantly, you are also a member of the broader health and human services community of practice. It may be useful to explore aspects of these communities of practice with your supervisor, team leader and/or mentor.

I assume a 'profession' is…?

When we talk about a 'profession', even though we may not be able to define exactly what we mean, we do make assumptions about what a 'profession' involves. Some common themes arise in the assumptions about professions and could include themes like:

- Autonomy;
- knowledge and skill;
- altruism and trustworthiness;
- income;
- status;
- power;
- accountability;
- influencing rather than serving needs;
- education process; and,
- professional association.

The nature of all these assumptions are wide open to debate. In fact, in today's society, 'profession' is sometimes viewed as being at odds with some assumptions. For example, is a 'profession' that requires its members to have a lengthy education process really altruistically serving the needs of the public or is that 'profession' aiming to improve its own status in society? There is controversy around whether the title 'profession' is used not in the interests of ethical and practice standards, but actually as a means to exclude others from doing the equivalent type of work in our community (often for less pay). So the title 'profession' could be viewed as promoting exclusivity in services rather than solely positively influencing services in the interests of the clients. Another example of the limitations of the assumptions about the title of 'profession' could be around the 'trustworthiness' of members of a 'profession'. The media has recently reported details of health professionals breaching trust. Such breaches are not acceptable to their employer organisation nor to the wider community. In some of these situations, the 'profession' could be viewed as protecting its members rather than holding them to due accountability.

So as a new health and human services professional, it's important now and into the future that you do not make assumptions about your 'profession' or the role description of others within this broader community of practice.

Why does 'profession' matter…?

The definition of 'profession' is evolving and it is open to healthy debate. Having said that, being part of a 'profession' does matter to you as an occupational therapist. What does 'profession' mean to the collective (that is, the community of professional practice) and the individual in occupational therapy? 'Profession' means you have:

- The ability to influence services and the broader community in the interests of your clients;
- the scope to evolve in response to the needs of your clients and our broader community;
- the imperative to validate the knowledge you use to guide our practice;
• the responsibility and the scope to practise autonomously; and,
• the requirement to demonstrate high levels of accountability in all dimensions of your work.

In response to changes in the broader context of practice, professions will debate issues, and then strategically and positively evolve within the broader context of practice in the interests of the clients. These ongoing changes to which professions must respond include community needs, the delivery of health and human services, government policies, client perspectives about priorities, workforce design and available funding.

**What matters about 'profession'...?**

There is no single definition of 'profession'. Nevertheless, there are some key themes in the literature about which you must be mindful as you start your professional career. These important themes are compliance to a Code of Ethics, the role of the professional association, and the notion that theory guides your day-to-day practice.

**Code of Ethics**

'It is inherent in the definition of a profession that a code of ethics governs the activities of each profession. Such codes require behaviour and practice beyond the personal moral obligations of an individual. They define and demand high standards of behaviour in respect to the services provided to the public and in dealing with professional colleagues. Further, these codes are enforced by the profession and are acknowledged and accepted by the community' (Professions Australia, 1997, accessed 2008).

The Code of Ethics is the profession's statement of professional values to the community (including the broader public, clients, and governments). The Code of Ethics is for the protection of the public, as well as a means of ensuring the integrity and competence of the professionals. The Code of Ethics is a guide for decision-making and must direct the activity of the professionals. You have a responsibility to understand the purpose of the Code, and the day-to-day impact of the Code on you as professional.

The OT AUSTRALIA (2001) Code of Ethics 'is founded on the bio-ethical principles of beneficence, non-maleficence, honesty, veracity, confidentiality, justice, respect and autonomy' (p. 1). While principles such as honesty and respect may be generally understood, below is a list of brief definitions for these bio-ethical principles.

- **Beneficence** - contributing to the health and wellbeing of the client;
- **Non-maleficence** - preventing and not causing harm to the client;
- **Veracity** - both parties (that is, the therapist and the client) should be truthful;
- **Confidentiality** - while it may be necessary to exchange some information with professional colleagues, the therapist should always safeguard information about the client;
- **Justice** - equality and fairness in access to and within health and human services;
- **Autonomy** - allowing the client the freedom to make decisions; to take actions; to be respected; and, to retain dignity (Barnitt, 1993).

It is the responsibility of the professional association to review the Code of Ethics to ensure its currency with the latest in 'ethics' best practice as well as its currency with trends in the health and human services. The professional association is also responsible for promoting the Code of Ethics whenever appropriate. OT AUSTRALIA (national office) provides access to a...
free copy of the Code of Ethics for each newly qualified occupational therapist; so make sure you have your copy as you start your career.

**Professional Association**
The professional associations are organisations that represent the interests of individual professions with a view to meeting the needs of the clients of the individual professions. Professional associations work to assure the autonomy of the individual and the collective of the profession within the broader environment. These organisations are self-directed in defining the role and the standards for the profession. They are also self-directed in their assessment of performance of individual members. Later in this chapter on page 81, there is information about the professional association that you are now eligible to join. Although the Code of Ethics does state you have a responsibility to support the professional association, whether or not you become a member of the professional association is your choice to make as an individual. You may wish to seek advice about this decision from key people of influence during your early career.

**Theory guides practice**
The notion that theory guides professional practice must be essential in your view of yourself as a professional. Having said that, there are uncertainties and tensions around the use of knowledge in practice and around the way that professionals think. *Each profession is seen to possess a valid body of knowledge that individual professionals apply to meet the needs of clients.* The uncertainty here is in the assumption that each individual professional does think the same thing in any given situation. *A valid body of knowledge is seen to be an established entity upon which each individual professional draws in their day-to-day practice.* The tension here is the fact that changes in the volume, accessibility, generation and rate of obsolescence of knowledge mean that not only is the ‘valid body of knowledge’ rapidly and constantly evolving; it means that it is impossible for each individual professional to keep up with the body of knowledge in their day-to-day practice.

To make sense of some of the uncertainties and tensions around professional knowledge and professional thinking, there is an emerging view of the way that theory guides professional practice as being ‘professional artistry’. *Professional artistry is viewed as ‘a more complex and less certain “real world” in which, daily, the professional is involved in making many complex decisions, relying on a mixture of professional judgement, intuition and common sense, and that these activities are not able to be set down in absolute routines, or be made visible in simple terms, and certainly are not able to be measured, and which because of this are extremely difficult to teach and to research’* (Fish and Coles, 1998, p. 32). So, professional artistry is far from a ‘drop-down menu’ of theory ‘options’ to guide practice.

In spite of the uncertainties and tensions around professional knowledge and professional thinking, there are still some common themes about the importance of theory guiding professional practice. Having had your period of education to qualify as a professional, below is a list of points about theory on which you can reflect in your day-to-day occupational therapy practice.

- It is important that the approach and/or techniques that you use can be communicated reliably and validly.
- You must commit to reflective practice as a means of promoting effective professional
The learning process of becoming a professional is thus not only concerned with learning which phenomena are relevant to the specific profession and which factual knowledge is needed. The process is also a kind of cultural learning, comprising cognitive, practical and discursive aspects of knowing, being and doing in order to become a member of a professional community of practice' (Dahlgren, Richardson and Sjostrom, 2004, p. 72).

'Professional associations provide a framework for members to pursue common interests, set requirements for entry into the profession, and establish mechanisms to monitor and regulate standards of practice’ (Cusick, 1999, p. 70).

'...the pressure and expectations upon us for being independent, autonomous practitioners who are consistently aware of the potential impact of our involvement with clients and systems are constant and compelling' (Baptiste, 2005, p. 179).

'A profession's ethos is an interlacing of sentiment, value, and thought that describes its character, conveys its genius and manifests its spirit. The ethos endures over time, serving as touchstone against which individuals may strike their actions to know their worth. As a profession's inner voice, the ethos inspires individuals and calls them back if they stray too far' (Peloquin, 2005, p. 611).

*verbatim quotes from the literature - see page 6 for advice about reading INSIDER Think

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judgement and wise action.

• You have a responsibility to commit to lifelong learning aimed to maintain your professional competence.

Some health and human services are based on specific theoretical paradigms. In your job, this could mean that the occupational therapy service uses a specific model to understand human beings as occupational beings, such as the Model of Human Occupation (MOHO) or Doing, Being, Belonging and Becoming. It could also mean that the broader service context uses a specific theoretical paradigm to understand its clients and to frame its services, such as a feminist perspective or a postmodernist perspective. In your early career, it is important that you are critically reflective, open and flexible about how your occupational perspective contributes to your effectiveness in your job. It could be useful to articulate your reflections and discuss the theory that guides your practice with your supervisor, team leader and/or mentor.

**Professionals within the Health and Human Services Workforce**

The imperative for the health and human services workforce is to provide quality services that achieve positive outcomes for the community. The health and human services workforce is about getting the job done in the interests of our clients, and doing the job in the most successful and efficient way. It's important for you to recognise that some notions around the term 'profession' (including 'professional boundaries') do have limitations within this broader context of practice. Now and into the future, you will need to be flexible and open to change. As a member of the health and human services workforce, always be mindful that the priority of your role is delivering outcomes that are in line with the priorities of your employer organisation. You may wish to regularly discuss your role with your supervisor, team leader and/or mentor.

The Department of Human Services Victoria (DHS) invests considerable resources to support a sustainable, highly performing, efficient and effective workforce. The DHS workforce aims are in accord with the Federal Government’s Productivity Commission Report 'Australia's Health Workforce' 2005 which highlighted many important issues relating to the health and human services workforce. See INSIDER Link on page 85 for details of how you can access this report.

The issue of registration is likely to have a significant impact on occupational therapy in Victoria. You are not required to be registered for practice in Victoria. Registration is required for occupational therapists in Western Australia, South Australia, Queensland and Northern Territory. Registration is enacted by state parliaments, with the ultimate aim of protecting the health consumer by a variety of means, including ensuring individual occupational therapist’s competence to practice. The Federal Government has moved towards a national registration framework for those health professions that already require registration across all the states of Australia (for example, our colleagues in physiotherapy). OT AUSTRALIA (national office) is currently working with the government to develop an effective framework for occupational therapy registration. You can go to the OT AUSTRALIA (national office) website for updates about registration.
Rebecca gave this year’s Sylvia Docker Lecture at the OT AUSTRALIA National Conference. Her standing within the occupational therapy community of practice has been achieved through decades of applying her talents, skills and knowledge for the benefit of the profession. Rebecca has been a strong, positive influence on me (and many others) thinking about the broader context of practice and about our profession. Specifically, I delivered lectures she had developed while she was working at La Trobe University. (Impressively, she has worked at a total of five universities in Australia.) Rebecca is always extremely generous and modest about her contribution, yet evidence of her wisdom and vision is throughout this INSIDER View. Michelle Courtney

Rebecca Allen
Senior Lecturer, Monash University
Sylvia Docker Lecture OT AUSTRALIA National Conference 2008
OT AUSTRALIA National Award in 2001 for outstanding service
Betty S. Cameron Award in 2000 for outstanding voluntary contribution to the occupational therapy association in Victoria
AccOT

Looking Forward, Looking Back
It's fascinating to look back at how occupational therapy has evolved as a profession in Australia. I never used to be very interested in history, but have learnt that we can better understand the present when we look to the past. Most occupational therapists will know that the profession really started in this country during World War 2, but may not know that the Australian Physiotherapy Association provided one of the earliest training programs for occupational therapists. Sylvia Docker (who was appointed to head the first separate training course for OTs in the early 1940s) and a number of her occupational therapy contemporaries had been physiotherapists before they trained to be OTs. Gwendoline Sims (the first occupational therapy graduate from an Australian program) has reported that Miss Docker's physiotherapy (and medical) colleagues were very important in helping to get occupational therapy established in the early days.

Like most health professions, our early practice was in hospitals and rehabilitation services. Over the 30 years of my career I have seen significant shift in the structures and focus of health and human services, in the knowledge base and focus of occupational therapy and in the scope of career options available to occupational therapists. Health and human services delivery has shifted from
- institutional, to community based service delivery,
- ill health, to an health promotion orientation,
- a focus on downstream (curative) interventions, to upstream (preventative) interventions,
- a reliance on biomedical, to social explanations of health and disadvantage,
- a concern with disability and segregation, to a focus on ability and inclusion,
- an individual, to a population level focus in the planning and delivery of services,
- perceiving the professional as the expert, to partnership between client and professional,
• trust in practices based on experience, to requiring practice to be based on documented evidence.

In occupational therapy, we have also experienced significant change in the way we understand and articulate our core business; shifting our attention from the functional aspects of occupation to that of enabling occupation. Those of you just starting in the profession will take much of this for granted. There is much about the structure, funding and delivery of health and human services that means you will be practising in environments that have elements of both the 'old' way and the 'new' way of thinking and doing things, and this can be challenging. However you have significant advantage in that you are entering the profession with a high level of comfort with the models of practice that are in line with national and international best practice. The reasoning processes and core knowledge you have learnt in your studies will provide a sound basis for your practice now and in the future, even though you will initially be challenged by many day-to-day decisions.

Your skill in accessing and critiquing the evidence will also serve you well. It is only relatively recently that we have had the benefit of the technology that allows us to collect and compare service delivery data from different service providers, and to access national and international research. Most employing agencies still only provide very basic access to the technology that enables practitioners to access evidence in situ, but this is a situation that will change markedly over the next few years. We will rely on you, our new generation of graduates, to lead the way in using this technology for the benefit of our clients and our profession.

How does the profession plan and prepare for the future? It is not hard to follow the trends and anticipate the changes. Clearly Australia's aging population will create demands and will also require us to be creative about the way we can assist the process of 'ageing in place'. The burden of chronic conditions will see greater focus on self management and we still have much to achieve before we have created truly accessible social, cultural and built environments. There is also mounting pressure to address the inequities in access to services in Australia these inequities are obvious in rural and indigenous health, however the global inequities also demand our attention.

How do we know what is coming in the future? Our profession has many people who look out for the trends- for example Professor Ann Wilcock was writing and talking about enabling occupation and health promoting approaches well before these concepts were mainstream in practice. These trends are discussed at professional development forums, and in our professional journals. You can easily stay in touch by being active in your local, national and international community of occupational therapists.

One of the characteristics of our profession is its flexibility and diversity. You will find your occupational therapy colleagues working in a wide range of services, addressing a wide diversity of occupational issues and using a range of job titles; including case manager, project officer, community worker and so on. We have a remarkable ability to shift easily into new areas of practice and adapt to the changes in the environment. This environment will require you to become more inter-disciplinary and collaborative in the future- a wonderful opportunity for occupational therapy, given that our message about enabling occupation is worth sharing.
• How is occupational therapy’s status as a ‘profession’ related to public expectations of individual occupational therapists?

• Explain why a Code of Ethics is so important to the occupational therapy profession.

• What is a possible solution to the problems of recruitment and retention in the occupational therapy workforce?

(Velde, Wittman and Vos, 2006)

• How do the activities of the World Federation of Occupational Therapists (WFOT) affect occupational therapy in Australia?

• What do you think would happen if all occupational therapists were required to have a PhD to practise in the profession?

• What is a possible solution to the lack of diversity represented by the people who practise occupational therapy?

*questions to promote critical thinking - see page 14 for advice about reading INSIDER Lead

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Inside the Occupational Therapy Profession

See INSIDER View in this chapter on page 71 for a comprehensive perspective on the occupational therapy profession in Australia.

Definition of occupational therapy

You’ve spent the last few years learning all about occupational therapy, and you are an expert in viewing people as occupational beings. You will be familiar with the World Federation of Occupational Therapists (WFOT) definition of occupational therapy (see below) that is endorsed by OT AUSTRALIA.

'Occupational therapy is a profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation' (World Federation of Occupational Therapists, accessed 2008a).

In New Zealand, occupational therapy is considered a profession that enables people to participate in meaningful occupation (New Zealand Association of Occupational Therapists, 2006). The Australian Bureau of Statistics defines an occupational therapist as 'A health professional who specialises in a method of therapy which uses self-care, work and play activities to increase development and independent function, and to prevent disability' (Australian Bureau of Statistics, accessed 2008).

It’s important during your early career to be clear about how you will articulate the 'core business' of occupational therapy. Being able to appropriately overlap your role with those of your health and human services colleagues is best for your client and your employer organisation. Having said that, you do need to understand your 'core business' as an occupational therapist as distinct from other colleagues working in the interests of your client. You not only need to understand your 'core business', you need to be able to readily communicate your 'core business' to others in the health and human services. You may wishes to discuss articulating your 'core business' with your supervisor, team/leader and/or mentor.

History of occupational therapy in Australia

It is important to understand the history and foundation of our profession so that we can understand current issues and plan future directions. Anderson and Bell (1988) wrote the most comprehensive book about the history of occupational therapy in Australia. Wilcock (2001) wrote a comprehensive history of human beings as occupational beings. See INSIDER Link on page 85 for details of these publications.

Occupational therapy workforce in Australia

Given that occupational therapy does not have national registration and that membership to the professional association is not compulsory, there is no absolutely current and definitive data about the occupational therapy workforce in Australia. There are, however, excellent sources of demographic data like the Australian Bureau of Statistics (ABS) and the Australian Institute for Health and Welfare (AIHW). The information contained at both of these sites is extensive, and is commonly based on data collected in the last national census.
Information from the 2006 Australian Census reported that 6,366 females and 469 males were recorded as being employed as occupational therapists. Keep in mind that these totals will not include people who work in positions that are not described as 'occupational therapist' but in which they use their occupational therapy qualification. The OT AUSTRALIA (national office) and Member Association websites and publications may have more recent information. OT AUSTRALIA (2006) reported a potential 10,389 occupational therapists in Australia at December 2005. The most recent publication of demographic data (collected during 2007) used 160 responses from an ad hoc sample of occupational therapists across Australia (excluding Western Australia). Anderson and Thompson (2008) reported that:

• OTs are mostly female, aged between 25 and 54 years;
• the majority work 30 to 39 hours per week in paid employment (as a clinician);
• the locations of practice were most commonly metropolitan, and then, regional, rural, through to outer suburban locations; and,
• many have undertaken or are currently undertaking post-graduate education.

There is a shortage (as well as a high turnover) of occupational therapists in rural and remote regions. This is in line with many other health and human services professionals.

Occupational therapy workforce in Victoria
Membership of OT AUSTRALIA Victoria was 1360 in 2005. Of that total, 94% were female, 44% were aged 34 years and under, and 11% were aged 25 years and under (Department of Human Services, 2006). The table below presents categories of membership profile of OT AUSTRALIA Victoria from 'most' to 'least' frequently reported (OT AUSTRALIA Victoria, 2008a).

<table>
<thead>
<tr>
<th>Clinician</th>
<th>Work Sector</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician/manager</td>
<td>Public sector</td>
<td>Hospital</td>
</tr>
<tr>
<td>Consultant</td>
<td>Private sector</td>
<td>Community health/hospital</td>
</tr>
<tr>
<td>Case manager</td>
<td>Public sector mental health</td>
<td>Private practice</td>
</tr>
<tr>
<td>Manager/Administrator</td>
<td>Private sector mental health</td>
<td>Injury prevention/vocational rehabilitation provider</td>
</tr>
<tr>
<td>Educator/teacher</td>
<td>Not for profit/charitable</td>
<td>Other</td>
</tr>
<tr>
<td>Program/project manager</td>
<td>For profit</td>
<td>Educational institution</td>
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<tr>
<td>Researcher</td>
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<td>School</td>
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<tr>
<td>Advisor</td>
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<td>Sub-acute rehabilitation</td>
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<tr>
<td>Other</td>
<td></td>
<td>Manufacturing/business sector</td>
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<td>Residential care/adult day activity service</td>
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<td></td>
<td>Pre-school</td>
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</tbody>
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Key Issues Globally and Locally
A global view of the occupational therapy profession
Taking a global view of the occupational therapy profession, you will see a common theme of government reorganisation of health and human services systems on a major scale. In chapter 2 and 3, information was presented about the trends in the broader health and human services environment. These trends are the reason that governments are reorganising systems in such fundamental ways. Trends include: The huge and increasing cost of healthcare; more informed, involved and potentially litigious clients; and, readily accessible research informing changes in day-to-day practice. To address these trends, different services and methods of service delivery are being developed and implemented around the globe. In particular, health promotion and disease prevention (as opposed to illness models involving treatment of conditions after they have occurred) are increasingly attracting the health dollar. On one hand, the day-to-day job of the health and human services professional is becoming less technical,
involving more coordination, management and leadership. On the other hand, the job is becoming more technical for some advanced practitioners. Accordingly, education of health and human services professionals is changing (Brown, Esdaile and Ryan, 2003). For example, there is increasing interest in entry-level masters courses and the double degree courses, as well as the focus on inter-professional and trans-professional teaching and learning strategies.

All these changes are vital to the health and human services around the globe, and as an early career occupational therapist you must be open, responsive and focused on creative solutions. The occupational therapy profession (and occupational therapy professional associations) is addressing many issues, challenges and opportunities both nationally and internationally. See INSIDER Link on page 85 for details of the websites for occupational therapy around the globe.

In a keynote address at the World Federation of Occupational Therapists (WFOT) Congress in Sydney during 2006, WFOT President Kit Sinclair (who is from the USA and lives in Hong Kong) made some important observations about the profession (listed below).

• Developments in information and communication technologies have enabled us to access and store more information, as well as communicate more widely around the globe.

• We are all working at a faster pace.

• There are opportunities for occupational therapists to assume advocacy roles to reduce occupational apartheid and occupational deprivation, and to promote occupational justice.

• Inclusivity in and ready access to occupational therapy education needs to be addressed.

• Occupational therapists should be involved in capacity building around the globe including disaster preparedness, and the community-based practice required to enable people to continue with meaningful activities post disaster (Sinclair, 2006).

**Around the globe**

See page 81 for details of the activities of WFOT.

In some countries there is a shortage of occupational therapists. An extreme example of this situation is evident in Bangladesh, where there are around five occupational therapists to serve a population of over 60 million people. WFOT is rightly focusing on the shortage of occupational therapists in the majority world (sometimes called the developing countries). In the privileged minority world (sometimes call the developed countries or the western world) the occupational therapy professions are also concerned with effectively serving the needs of their communities.

One of the current activities of the Council of Occupational Therapists of the European Countries (COTEC) is developing a strategy for mental health in the European union. COTEC has also given much attention to standards for the education of occupational therapists. The American Occupational Therapy Association (AOTA) is working to develop emerging practice areas to help meet the health, wellness and quality of life needs in the American context. The AOTA is concerned about ensuring a diverse workforce that is effective in multiple and changing occupational therapy roles. The British Association and College of Occupational Therapists (BAOT/COT) are addressing some major changes in the region’s health and human services system. BAOT/COT successfully lobbied Parliament for an extension of the role of OTs in mental health under the Mental Health Act (in England only). This lobbying resulted in
occupational therapy now being the second largest professional provider in mental health services. Changes to the health and human services in Britain have resulted in a shortage of positions that are described as 'occupational therapist'. Many OTs have moved into new positions where they are not described as an 'occupational therapist', yet their occupational therapy skills and knowledge are right for the position. The Canadian Association of Occupational Therapists (CAOT) has been advocating for occupational therapy's inclusion in primary health care, including mental health services. CAOT has also been contributing to the discussion and debate about strategic and effective solutions to Canada's health and human services resource crisis.

A local view of the occupational therapy profession

Many of the developments and issues that are important to the occupational therapy profession are also shared by our health and human services colleagues (along with other professional groups). It may be useful to investigate the websites of other professional groups to gain a perspective on the broader context of the occupational therapy profession.

OT AUSTRALIA (Australian Association of Occupational Therapists) is currently working toward the inclusion of compensable occupational therapy services in health care initiatives (for example the Medicare Better Access to Mental Health Care Program). For more information about the activities of OT AUSTRALIA it would be worth exploring the association's website. Three domains of concern for OT AUSTRALIA are workforce issues, educational standards and the scope of practice.

Workforce issues

There is an overall shortage of occupational therapists in Australia. There are also specific communities in Australia that require increased occupational therapy services. This is especially true for indigenous communities. Importantly, the lack of diversity in the occupational therapy workforce does not reflect the diverse communities in which we work. The lack of diversity encompasses gender and age, ethnicity, culture, socioeconomic status, sociopolitical orientation, as well as impairment, activity and participation.

Educational standards

You will know that masters entry-level programs are being developed and delivered in Australia. There are also double degree masters level courses in occupational therapy (for example at La Trobe University). Instead of the traditional Bachelor of Occupational Therapy as a qualifying degree, increasingly people now study at Masters level to qualify as occupational therapists. People need to have some other degree to enter this type of qualifying degree. Some occupational therapy programs in the USA are now developing 'Doctoral' entry-level programs. This means that people will need to have a Masters degree to enter this type of qualifying degree. This 'qualification creep' is common across the entire health and human services. On one hand qualification creep is said to be a response to the changes and developments in the health and human services environment. On the other hand, it can be argued that qualification creep primarily serves the professions as they compete for status within the cross industry environment.

Scope of Practice

The Scope of Practice is the 'broad framework and context of practice of the professions
including the range of roles, functions and responsibilities and decision-making capacity’ (Nurses Board of South Australia, 2006, p. 4). In Australian states and territories that have registration (WA, SA, QLD, NT), reference will be made to scope of practice in the relevant Act and/or Guidelines including the related responsibilities of individual practitioners. These responsibilities include practising in accordance with legislation, regulations and guidelines; knowing the standards of practice; and maintaining competence (Occupational Therapists Board of Queensland, 2006).

To balance both the health and economic imperatives in the current and future environment, a range of health workforce reforms and recommendations were proposed by the Productivity Commission’s 2005 report on Australia’s health workforce (which became available in 2006). A major feature of this reform agenda is the planned redesign of the workforce to achieve improved work design and efficiency. This means that in the (near) future, in Victoria, we will see:

- Reorganising work to minimise duplication of effort and make the best use of staff
- Ensuring labour is deployed as efficiently as possible and in accordance with their skills
- Extending existing roles to provide greater flexibility
- Creating new roles (professional and assisting) to better focus the existing workforce’ (Carver, 2006, p. 23).

Carver also identified the need for ‘providing better legislative capacity to support expansion to scope of practice’ (p. 22).

You will need to be alert and open to the changes that are necessary in the health and human services workforce. Focus on solutions and on using your occupational therapy skills and knowledge flexibly in the interests of your clients.

**The Future of the Occupational Therapy Profession**

At the 2006 WFOT Congress in Sydney, one of the keynote speakers was futurist Dr Sohail Inayatullah. Dr Inayatullah explored alternative futures for the occupational therapy profession and its members. See INSIDER Link on page 85 for further details where you can source information about the future of the occupational therapy profession. One of the concepts that Dr Inayatullah discussed that is pertinent to your early career as an occupational therapist is the ‘used future’. The ‘used future’ is one that is ‘second-hand’. A ‘used future’ is not actually the future but an image of the ‘future’ gleaned from others. An example could be the recent industrialisation of China that some say has had an environmental impact. At a time when other countries are moving toward ecological sensitivity, China is replicating these countries’ earlier periods of industrialisation. This is a ‘future’ that has already been ‘used’ and proven to have significant limitations (Inayatullah, 2006). As an early career occupational therapist, be mindful not to fix your mind on a ‘used future’ for your occupational therapy career.

The future challenges for the healthcare workforce in Victoria:

- ‘Community expectations are high
- New models of service delivery will be needed
- Transferable, more flexible workforce
- National training delivers better consistency of workforce preparation and continuing development
...I believe very strongly in what occupational therapy does, and I think furthering the profession is really important and increasing awareness and understanding and respect for what OTs do and continuing research. I think all of that is absolutely vital, and I think that OT AUSTRALIA, you know professional bodies help with all of that kind of thing...
Anna, Completing Student

...it's very easy to become involved in that [workplace] being your world. It's nice to have that association link to see lots of other things that are happening, and what other OTs are doing. Sort of what is happening out there...
Mary, Early Career OT

...what I find good is going to the special interest group pages on the OT Victoria one [OT AUSTRALIA Victoria Website], like there's a few different resources and websites and...
Susan, Early Career OT

...I want to base my best practice on research that's available. So if I end up being in court for some reason and having to make a statement, I want to be able to justify why I did something. So I guess if those research facilities aren't available or if there isn't some sort of structure in the workplace that says we [are] going to share a piece of research that we found. We are going to say why this is important and what it allows us to do as a practitioner...
Meg, Completing Student
National regulation facilitates greater flexibility in job roles' (Spinoso and Morgan, 2008, p. 21)

In today's health and human services environment it's important to understand your 'core business'. Your 'core business' is the functional role that your employer organisation has funded you to perform within its operations. Having said that, understanding your 'core business' does not limit your responsiveness and flexibility. 'Boundary riding’ your job, and failing to work in an inter-disciplinary and/or trans-disciplinary way is a 'used future' in most settings. Again, stay focused on solutions in the interests of your clients.

To avoid a 'second-hand' occupational therapy career keep abreast of trends within the broader health and human services. In the recent, cutting edge Sylvia Docker Lecture, Rebecca Allen (2008) encouraged occupational therapists to 'imagine' how the profession would be if it was designed from scratch today in direct alignment to workforce needs (as it was during World War II in Australia). Imaginatively, she likened rigid professional boundaries to the Great Wall of China. In its time, the Great Wall of China was built to protect the country’s interests from the encroachment of others. In our time and into the future, such a monumental 'boundary' has no use other than as a tourist spectacle. Likewise, professional boundaries may have been perceived to once serve a purpose; yet it's vital to challenge their relevance in the future of the health and human services workforce. Allen’s message was to be open, creative and innovative about how we can continue to meet the needs of our clients both locally and globally (2008).

**Inside the Professional Associations**

Professional associations generally describe themselves as the 'peak body' for specific groups of health and human services professionals. These 'peak bodies' are autonomous and self directed which means that professional associations do not 'report to' the government about their priorities and activities (other than the usual responsibilities of companies). Professional associations commonly will:

- Establish the Codes of Ethics;
- assure ethical professional practice (including handling of complaints);
- promote the profession in the wider community;
- lobby governments and government agencies about professional and workforce issues;
- provide policy and position statements about key issues;
- be responsible for the scope of professional practice;
- assure the standards of professional practice;
- monitor the standard of professional education programs (that is, the occupational therapy courses at universities);
- promote research and practice development;
- develop and implement continuing professional development (CPD) activities; and,
- publish professional journals and other documents including newsletters.

Professional associations have membership criteria for eligibility. Members' fees are used to finance the activities of professional associations. Funding from other sources (including government grants) commonly contributes to the operations of specific services and activities of professional associations.
When compared to people who are not members of the professional association for which they are eligible, members are viewed as being 'normally more committed and dedicated to their professional development, more aware of recent advances, and more conscious of their ethical and professional responsibilities' (Franklin, Gibson, Merkel-Stoll et al. 1995, p. 83). Given that the health and human services environment is increasingly litigious, being a member of your professional association indicates to all stakeholders that you are a practitioner of 'good standing' within your profession. Further, there is evidence that if you are involved in medico-legal work (for example, you are involved in a court case), the court may note your membership status as part of assessing the credibility of your contribution (McKinstry, Allen, Courtney and Oke, 2008; South Australian Government Industrial Court, 2007).

**World Federation of Occupational Therapists (WFOT)**

WFOT was founded in 1952 as the international peak body for occupational therapy and occupational therapists, and currently has 66 member associations around the globe. WFOT represents and promotes occupational therapists and occupational therapy in the international arena (World Federation of Occupational Therapists, accessed 2008b). You might hear some people call the World Federation of Occupational Therapists by the abbreviated term that is pronounced [woofut]. This is not preferred. If you are going to abbreviate the title, it’s best to say each of the letters, as in W.F.O.T.

OT AUSTRALIA is a founding member association of WFOT. As discussed on page 58, you can also become an individual member of WFOT. Benefits of being an individual member include access to members sections of the WFOT website, the WFOT Congress held every four years, and the twice yearly WFOT Bulletin. See INSIDER Link on page 85 for details of the website. You could specifically have a look at 'OTION' as an example of what individuals can achieve through involvement with this international association.

WFOT works closely with the World Health Organization (WHO), United Nations (UN) and United Nations Educational, Scientific and Cultural Organisation (UNESCO), along with other relevant international bodies on major international projects. WFOT is particularly focused on themes of social justice as well as global health and wellness needs. WFOT has been directing its efforts towards establishing, documenting and evaluating WFOT programs including community-based rehabilitation, human rights as well as disaster preparedness and response. WFOT also has a major responsibility to support the quality of occupational therapy education programs around the world via the monitoring systems encompassed in the revised Minimum Standards for the Education of Occupational Therapists 2002 (WFOT, 2002). Another key area that WFOT supports is the development of new national occupational therapy associations. For example, occupational therapists in Egypt are currently working with WFOT to establish occupational therapy and an occupational therapy association in that country.

**OT AUSTRALIA - Australian Association of Occupational Therapists Inc.**

OT AUSTRALIA is the peak professional body representing the interests of occupational therapists and the occupational therapy profession in Australia. Each state and territory organisation (for example OT AUSTRALIA Australian Association of Occupational Therapists Victoria Inc) is a member association of the national body, OT AUSTRALIA. So, you join the
local state association and are automatically part of the national association. Through its member associations, OT AUSTRALIA has about 5000 members across the country. Membership in OT AUSTRALIA is voluntary. OT AUSTRALIA aims to represent, promote and support the profession, as well as provide responsive and good quality services to members (OT AUSTRALIA, accessed 2008a). An overarching aim of the professional associations is to ensure that high quality occupational therapy services are provided in the community. Your membership of the professional association is valued by others, as evidence of your commitment to the occupational therapy community of professional practice.

OT AUSTRALIA Victoria has a Board (with a President) who make decisions about the activities of the state association. There is a member from Victoria (and each of the other states and territories) who is elected to be on the OT AUSTRALIA National Council. The National Council has a President and 19 other members. There are paid staff in the professional association at both the state and national level. Nonetheless it’s important to remember that much of the work is done in a voluntary capacity by individual members.

It is never too early in your career to start making your own voluntary contribution to the activities of the professional association. Becoming involved in the professional association is a good way for you to develop your skills, learn from others, network, and link with others from the wider occupational therapy community of practice. Participating in a range of OT AUSTRALIA activities could develop your skills in writing reports, running meetings, and public speaking. It’s a great opportunity to network with colleagues and leaders in the profession. You could also develop your understanding of the broader context of occupational therapy practice within the health and human services, and the community as a whole.

As a start, you could think about being involved in a Special Interest Group or Regional Interest Group. Other ways that you can contribute include serving on committees that inform OT AUSTRALIA about key issues, participating in member forums, and volunteering for working groups including for continuing professional development (CPD) events like conferences. You could enquire specifically about activities that would benefit from the sort of skills and perspectives that an early career occupational therapist can offer. You may wish to talk to your supervisor and/or mentor about which opportunities will be right for you during your early career.

Membership has many benefits to you as an individual occupational therapist including access to CPD activities like courses, workshops, conferences, mentoring, networking events, Special Interest Groups, Regional Interest Groups and publications such as the Australian Occupational Therapy Journal (AOTJ). The Accredited Occupational Therapist (AccOT) Program is delivered by OT AUSTRALIA (national office). You can also receive discounted rates for insurance and other professional resources.

**Inside the Allied Health Professions in Australia**

It’s impossible to overstate the value of working positively with your colleagues in other health and human services professions. It will be usual for you to work in teams. These teams can involve medical and nursing professionals, as well as allied health professionals like physiotherapists, psychologists, podiatrists, social workers and speech and language pathologists (see Chapter 5 for information about working in teams). You are now an
Inside the Occupational Therapy Profession

Gemma’s volunteered to be the Convenor of the Neurological Special Interest Group for the next 12 months. She sees it as a great opportunity not only to immerse herself in this field of specialty about which she’s so passionate, but also as a great vehicle for networking. In fact, she was talking to her mentor about a long list of positives in being Convenor. It will help to stretch her organisational as well as her promotional skills. Gemma’s big challenge though is setting up an agenda for the next 12 months. She only has 15 months of occupational therapy practice under her belt, and this big challenge is playing on her mind. She wants to be creative in her approach but she also wants to make sure that she meets the needs of the group’s membership. How could Gemma go about narrowing down all the possible options she’s thought up for meetings and projects?

*case study to promote critical reflection - see page 16 for advice about reading INSIDER Case
occupational therapy professional. It’s vital to remember that you are also now an allied health professional. See the INSIDER View in this chapter on page 71 for a comprehensive and expert perspective on the Allied Health Professions. It is important to value your membership in the occupational therapy profession. It’s vital that you recognise the value of your membership in the allied health professions.

All the health and human services professions are concerned with the health and wellbeing of people in our community. There are many professional associations that support and facilitate our work. Below is information about two membership associations that specifically address the concerns of the allied health professions in Australia.

**Allied Health Professions Australia (AHPA)**

AHPA is Australia’s national voice of allied health including audiologists, dietitians, occupational therapists, orthotists and prosthetists, pharmacists, podiatrists, psychologists, radiographers, radiation therapists, social workers, and speech pathologists. AHPA represents the interests of the allied health professions with key stakeholders including the federal government. AHPA also facilitates liaison and discussion between the professions. Membership is for organisations (like OT AUSTRALIA) rather than individuals.

High on the AHPA agenda at present are national registration and national accreditation of allied health professionals. In July 2006, the Council of Australian Governments (COAG) agreed that a national professional registration scheme for health practitioners be established by July 2008 (COAG, 2006). In parallel with national registration, COAG will be implementing a national scheme for the accreditation of health professions’ education and training. Neither a national registration scheme nor a national accreditation registration has been implemented at this stage. Both AHPA and OT AUSTRALIA continue to lobby the federal government on the exact models for proposed registration and accreditation schemes, as well as details of the implementation process.

AHPA is also concerned with allied health policy and politics, allied health leadership, and the allied health workforce. For information about the strategies AHPA has in place to address these concerns you could explore the website at www.ahpa.com.au.

**Services for Australian Rural and Remote Allied Health (SARRAH)**

SARRAH, a member of AHPA, is the peak body representing rural and remote allied health professionals in Australia. It is a “grassroots” organisation established to enable allied health professionals who live and work in rural and remote areas to competently and confidently do their jobs. As an individual, you can become a member of SARRAH whether you’re working in the public or private sector. Membership has many benefits including access to scholarships, networking opportunities (face-to-face as well as methods using information and communication technology [ICT]), a biennial National SARRAH Conference (recently held in Yeppoon, QLD), the Australian Journal of Rural Health and other publications. For further information about SARRAH as a central point of contact for rural and remote allied health professionals you could explore www.sarah.org.au.
Being a professional

Workforce

History

Key Issues

Diversity

Future

OT Globally
- World Federation of Occupational Therapists: www.wfot.org
- Council of Occupational Therapists of the European Countries: www.rotec-europe.org
- American Occupational Therapy Association: www.aota.org
- College of Occupational Therapists (Britain): www.cot.org.uk
- Canadian Occupational Therapy Association: www.cot.ca

*readings and resources for follow-up - see page 10 for advice about reading INSIDER Link
Inside Organisations

Inside Organisations presents information about working effectively within various organisational structures and 'systems'. Organisations and Me underlines the need for individual early career occupational therapists to understand and reflect upon the organisation in which they work. Inside my Organisation discusses how organisational structures influence employees. Organisations and my Early Career describes three ways to think about the 'system': The Clockwork Organisation; the Snakepit Organisation; and, the Rainforest Organisation. Anxiety in Organisations present information particularly relating to the experience of change. Health and Human Services Organisations explores the nature of the organisations in which early career occupational therapists are most likely to work. Inside Organisations concludes with ideas about Making Healthy Contributions to the 'system'.

Anna, a Completing Student said '...[it is optimal to be] using the skills and 'giftings' that you have within the structure that you find yourself in. And I think more often than not, there are spaces for that. Even if it is a very top-down structure that's quite regimented, there is often room...'
Organisations and Me

Obviously, for you to be fully effective in your job, you will need to get to know your way around a new employer organisation. What goes on in that room? Where do I find this? Who uses the space over there? If you work in a large organisation, sometimes it takes a while to really get to know your way around (and often there will be parts of the organisation that will always remain a mystery to you!). Mastering the physical space can feel like the first step toward settling into an organisation (as opposed to being a visitor). Just as you need to get to know your way around the physical space, you also need to get to know your way around what is contained in the physical space.

The ‘core business’ of health and human services organisations is to achieve outcomes that are in the interests of the clients. The physical space occupied by organisations contain the structures, processes, and personnel necessary to conduct this ‘core business’. There is a dynamic interplay between the structures, processes and personnel contained within organisations. This dynamic interplay is often referred to as the organisational dynamics. Have you ever seen someone walk into an office, and the atmosphere just ‘changes’? Ever wondered why one team seems to avoid working with another? Have you sat in a meeting where there is obviously an unspoken ‘issue’ between people? You are left wondering whether you have missed something. All of these experiences can be a result of the organisational dynamics. To be fully effective in your job, you need to get to know your way around the organisational dynamics contained in the physical space where you work (Hirschhorn, 1990).

As an occupational therapist, you will be familiar with theories that conceptualise individual family members as part of a family ‘system’. You will understand the dynamics that can play out within family systems. Think of individual workers as part of an organisational system. Dynamics also play out within organisational systems. Organisations are lively and vibrant systems that enable you to thrive in your early career. Yet, when you first start your job, organisations can also be daunting and mysterious systems. It’s vital that you make sense of the organisation where you work. You are part of the system and you are influenced by the system. Whether the organisation is large or small, you’ll need to reflect on the organisational dynamics that are playing out within your work environment. We have already talked about the imperative for you to understand your role (that is, your ‘core business’) within an organisation. You will also need to consider your role within the dynamics of the organisation.

Health and human services organisations are most often complex systems. Reflecting on the system in which you work will help you understand the climate and direction of the organisation, the management structures and priorities, as well as your co-workers’ view of the organisation and their contribution to its purpose and function. Remember, each health and human services worker has an individual response to the system in which they work. Just as each individual worker will have a response to the system; equally, the system will have an impact on each individual worker within the organisation. We are all human beings with our unique experiences, psychological make-up and life circumstances (Hirschhorn, 1997, Raab, 2000). We are not robots, and could never just leave all our uniqueness at home. We bring our uniqueness to our work and to the system. It’s important during your early career that you reflect on your own unique experiences, psychological make-up and life
One of the 'statements' that could require considerable thought during your early career relates to withdrawing services to clients. The Code of Ethics does recognise that there are circumstances and times when the withdrawal of services is required. However, you may need to seek advice from your supervisor, mentor, OT AUSTRALIA and/or your union when the appropriate decision about withdrawal of service is not clear to you.

Withdrawal of Service for Patients and Clients
While occupational therapists have a right to state and support their views about the service for which they work, they shall avoid any action which places patients and clients at risk, even if this is during the course of an industrial dispute.'
(OT AUSTRALIA, 2001, p. 2)
circumstance. Understanding yourself will help you to understand how you view your employer organisation, how you contribute to the dynamics, and how you are influenced by the system (Gabriel, 1999). You may wish to discuss the system and the organisational dynamics with your supervisor, team leader and/or mentor. You could journal your reflections on the dynamics of your employer organisation for your own professional development, as well as in preparation for these discussions with key people of influence during your early career.

**Inside my Organisation**

According to Hull and Reed (2003) the 'characteristics that underpin an excellent workplace are identifiable, quantifiable and manageable' (p. 3). For excellent workplaces, the 15 'key drivers are:

- The quality of working relationships;
- workplace leadership;
- having a say;
- clear values;
- being safe;
- the built environment;
- recruitment;
- pay and conditions;
- getting feedback;
- autonomy and uniqueness;
- a sense of ownership and identity;
- learning;
- passion;
- having fun; [and,]
- community connections'

(Hull and Read, 2003, p. 3).

This kind of workplace does sound 'excellent' for any worker. If you were starting an organisation from scratch, it would be great to tailor the structure toward optimising these key performance drivers. In the real world, you are most likely to start your career within an established organisation. Your workplace will have evolved over time in response to external and internal influences that as a new employee may be difficult for you to understand. Your workplace will have an existing view of its 'core business', a unique history and culture, as well as established personnel and organisational dynamics. So, while it's useful to be mindful of the characteristics of excellent workplaces so that you can aim toward embodying these characteristics in your own day-to-day work: It's vital that you have realistic expectations of any organisation in which you are employed.

'Some organisations have cultures which are tough on members while others are easy. A tough culture would be expected to be out of touch with the values of its members and suppress value conflicts. An easy culture would be expected to be sensitive to the values of its members and deal with the value conflict openly' (Bruhn, 2001, p. 1). Once again, the 'easy' organisation does sound excellent for any worker. If you were starting an organisation from scratch, it would be great to tailor the structure toward being 'easy' on members. In the real world, you are most likely to start your career within an organisation that is already well established somewhere on the continuum from 'tough' to 'easy'. So, while it's useful to be mindful of the importance of being sensitive to the values of your co-workers and to deal with value conflict openly in your own day-to-day work: It's realistic not to assume that you will start your career in an 'easy' organisation.

There are formal organisational characteristics, structures and processes that shape the nature of your workplace. Importantly, there are also informal organisational characteristics, processes and structures that will be unique to your workplace. 'The informal organisation
...I don’t think anyone would be too put out if you went to them and said, “I’m feeling a bit lost” or “I’m feeling a bit like this isn’t working the way I thought it would be”. It would be a pretty challenging, game thing for a new grad to do, though, to challenge the system I think…”

Jane, Early Career OT

...I like to see an org-chart and understand where it all fits. And also reading the vision and values of the organisation and the, I guess, commitment to care that they give. I think understanding a little bit about the culture of the organisation before you get in there. And I guess that sort of question that you can ask at interview is [to] describe the culture of the organisation…[...] I think that you need to find a fit where you’re going to be comfortable with the style that you have and the personality that you have. While you can teach anybody all the skills in the world, you can’t teach them to fit within a particular style…”

Anna, Completing Student

...Yeah, I suppose you obviously could look at the vision of workplaces and things like that and where they’re going. I know that for me it wasn’t something I was particularly stuck on where they were going, that wasn’t an important thing for me in that transition stage…[...] when it clicks in your mind what it is, you just get a lot happier I think…”

Chris, Early Career OT

*word-for-word quotes from interviews - see page 12 for advice about reading INSIDER Talk*
exists with, and in spite of, the formal organisation. The formal organisation is like a trellis - orderly and rigid. The informal organisation is like a vine that grows randomly on the trellis. It needs the substance and form of the trellis as a base, even though it will not conform exactly to its shape. The informal organisation can also be charted like the formal organisation, although it rarely is' (Drafke, 2002, p. 73). It’s worth having a look at page 134 for more discussion about the informal and formal aspects of organisational systems (as well as information about the impact of various organisational structures on communication). During your early career, it’s worth reflecting on the balance of your activities within the formal and the informal organisational spheres. You may wish to seek the advice of your supervisor, team leader and/or mentor about getting the right balance of your day-to-day work so that your core business is aligned with the core business of your employer organisation.

**Organisational Structures**

Just as the physical space of your employer organisation contains the structures, processes, and personnel necessary to conduct its 'core business' (that is, the physical space contains the 'system'): The system itself operates as a container within the physical space to help get the 'core business' done (which for health and human services organisations is to achieve outcomes that are in the interests of the clients). For any organisation to function effectively, it needs the container provided by the system (Hirschhorn, 1988). See the first INSIDER View in this chapter on page 101 for a perspective about the need for the container (sometimes called, boundaries) of the system to help get your own core business done.

So, we know that the structure provided by the 'system' is vital to achieving outcomes in the interests of our clients. Yet, those structures need to have a 'Goldilocks' type of 'just right' fit for any organisation to function effectively. If the structures are too tight and fixed, the processes can take personnel away from getting 'core business' done (and their focus can become the actual processes themselves). If the structures are too slack and porous, the processes can confuse personnel about the nature of the core business itself (and their focus can become debate about the core business) (Hirschhorn, 1988). It’s worth reflecting on the structure provided by your employer organisation's system, and its impact on your ability to get your core business done. You may find it helpful to journal your critical reflections of your employer organisation's structures. You need to aim to minimise problems and maximise your performance in whatever organisational structure you encounter in the course of your day-to-day work.

When an organisation has too much structure:
- The structure (or 'system') itself can be the 'core business' of the organisation;
- creativity and energy can be focused away from the real core business of the organisation;
- workers can tend not to think for themselves as management do all the thinking;
- there can be too much focus on the policies and procedures at the expense of the core business;
- the demands of paperwork can be unrealistic and stop workers getting to their clients; and,
- the format of communication can be more important than the actual information being exchanged (Darwin, 2001; Hirschhorn, 1990; Schwartz, 1990).

When an organisation has too little structure:
• How are organisational dynamics similar to the dynamics within other ‘systems’ (for example families)?

• In your opinion, which is best – too much structure or too little structure in an organisation? Why?

• What are the strengths and weaknesses of large organisations as opposed to small organisations?

(Velde, Wittman and Vos, 2006)

• Do you agree or disagree with this statement?

As an individual, how I function within an organisation is independent of the organisational structure.

Support your answer.

• What do you think would happen if your values did not match the espoused values of an organisation?

*questions to promote critical thinking - see page 14 for advice about reading INSIDER Lead*
• There can be disagreement over the core business of the organisation (not to mention its future);
• It can be unclear who is actually 'in charge';
• decisions can be slow or not made at all;
• workers can feel unsupported by management;
• energy and creativity can be drained by uncertainty;
• the roles of workers can be unclear (that is, workers don't understand their own core business);
• workers can feel that they have too much to do (leading them to feel overwhelmed and unable to focus on outcomes); and,
• everyone within the organisation can feel vulnerable to internal and external attack (Darwin, 2001; Hirschhorn, 1990; Schwartz, 1990).

Organisations and my Early Career

During your early career, understanding the structure of your employer organisation is not likely to be at the forefront of your thinking. You're more likely to be focused directly on achieving outcomes in the interests of your clients. Just keep in mind that how you actually go about achieving these outcomes in the interests of your clients is always, constantly influenced by the structure of your employer organisation. So, your experience of day-to-day practice will be influenced by the structure of your employer organisation. 'The more closely individuals identify with an organisation, the greater the satisfaction they derive from being a member of it' (Bruhn, 2001, p. 2). Authors in the literature have identified three stereotypical organisational 'systems' for you to reflect upon in the context of your early career (Darwin, 2001, Schwartz, 1990). You may wish to discuss the Clockwork, the Snakepit and the Rainforest organisations with key people of influence during your early career. As you read the information about each organisational 'system' try to visualise what each of the descriptions actually means (for inspiration, you could individually type each of the words 'clockwork', 'snakepit' and 'rainforest' into the image search function of your web-browser).

The Clockwork Organisation

The Clockwork Organisation is often the 'ideal' image of an organisation that occupational therapists have during their early career.

In the Clockwork Organisation:
• 'Everybody knows what the organisation is all about and is concerned solely with carrying out its mission;
• people are basically happy at their work;
• the level of anxiety is low; [and,]
• people interact with each other in frictionless, mutually supportive cooperation' (Darwin, 2001, p.1).

The other 'ideal' feature is that a manager with the right skills and knowledge can easily fix any problems, that is, just like a watchmaker (Raab, 2000). For early career occupational therapists, at a time when you are having many new and exciting experiences, this 'textbook' type of organisation can foster feelings of certainty and of being in control. This is an organisational 'system' that you can get to know, and then you can easily understand how you fit into this 'system'. The Clockwork Organisation represents a place where you can be less anxious about your new job (Raab, 2000).
Do you think this type of 'ideal' organisation can actually exist in the real world? Can each of our unique experiences, psychological make-up and life circumstances really create this 'textbook' organisation? Is it unrealistic to use this organisational type as the benchmark for assessing your ability to get your 'core business' done?

**The Snakepit Organisation**

In the Snakepit Organisation, everyone:
- is concerned all the time that everything is falling apart;
- is concerned that everything will fall on them;
- is feeling anxious, stressed and used;
- finds dealing with each other is not enjoyable;
- wonders if anyone really knows what is going on; and,
- really cares about not knowing what is going on in case there is a problem with not knowing (Darwin, 2001).

Managers don’t feel able to fix problems that arise and are not in control of the future direction of the organisation (Darwin; Raab, 2000). Sometimes you are so busy trying to 'make it' day-to-day in a snakepit organisation that you aren’t actually aware of the influence of the organisational 'system'. During your early career, seeking positive professional influences *outside* the organisation will help you to see your way more clearly to your own ‘core business’ *within* this type of organisational 'system'.

**The Rainforest Organisation**

The Rainforest Organisation is somewhere in between the Clockwork and the Snakepit Organisations. The Rainforest Organisation is structured to allow for the 'real world' complexity of organisational 'systems' as well as the external environment within which the 'system' is conducting its 'core business'.

The Rainforest Organisation:
- Allows for unpredictability;
- values feedback;
- is continually learning and adapting;
- is always evolving and open to change;
- disperses control across the organisation; and,
- operates in the zone between order and disorder (Darwin, 2001).

This type of organisational 'system' can be progressive and inspiring for some early career occupational therapists. You are likely to feel that you can contribute to decision-making and evolve your own 'core business'. Seeking feedback from influences *within* (internal) as well as *outside* (external) of the organisation will help you to stay aligned with the 'core business' of your own organisation.

**Anxiety in Organisations**

During your fieldwork placements, there may have been times when you felt anxious. Some students imagine that, when the 'assessment' aspects of working in the field are all over, they will feel less anxious. Early career occupational therapists know this dream of being free from anxiety in the field just doesn’t happen in the 'real world'. Anxiety is a reality that we all deal with in our work from time to time. Aspects of the organisational 'system' in which we work
can often be the source of our anxiety.

So, why are we anxious working within organisational 'systems'? Raab (2000 cited in Wigley, 2002) suggested that the root of anxiety is coping with:

- The tensions of conflict (including competition);
- the uncertainty of constant change;
- the responsibility of having to be in charge;
- the needs and expectations of others; and,
- the idealistic wish for acceptance and for intimacy.

There will always be a continuum of responses to anxiety that range from adaptive through to dysfunctional. Your choice of response will be influenced by your employer organisation itself, as well as your own unique experiences, psychological make-up and life circumstances. Your employer organisation may already try to manage anxiety with activities like strategic planning, competency frameworks, inspirational speakers and the use of external consultants. At the same time, there may also be strains and tensions within your employer organisation that are never openly acknowledged or discussed (Raab, 2000).

For you as an individual professional, it's important to understand that the more 'anxious an individual felt, the less likely he or she was to have a positive reaction to his or her overall job content' (Sutton and Griffin, 2000, p. 385). Importantly, experiences of anxiety can be the cause of poor working relationships between people (Hirschhorn, 1990). During your early career, it may be useful for you to keep a journal of your critical reflections about anxiety that you can then discuss with your supervisor, team leader and/or mentor. Discussing your anxiety with key people of influence may assist you to make adaptive responses within your employer organisation's 'system'.

**Change**

The organisation in which you work will have a range of outcomes to achieve in the interests of your clients. These outcomes form the 'core business' of the organisation. Your employer organisation will use a range of processes, structures and personnel to achieve core business outcomes; and the organisation will be accountable to a range of stakeholders. In today's health and human services organisations, the evolving nature of core business will and should continually shape the organisation. So in turn, your employer organisation's range of processes, structures and personnel will continually evolve. Change is an adaptive response to the evolving needs of our clients, and is a constant reality in any organisational 'system' where you work during your early career.

'In terms of organisational context, many of us work or have worked in industrial age organisations that are trying to modernise by downsizing, re-engineering, reorganising, amalgamating, decentralising, project management, department management, program management, matrix management, too much management. Directly or indirectly, we are given to understand that wherever we are at the moment, it must be changed, often we perceive, without regard to preserving, even acknowledging our strengths or engaging us in visualising the future we could create together' (Fearing, 2001, p. 210). Feeling anxious about organisational change is understandable. 'Proposed changes in the work environment, roles
Inside Organisations

Mel enjoyed her client work as part of a small community-based team. The team was welcoming from the start eight months ago, and she was learning a lot from these senior allied health professionals. The physiotherapist and speech pathologist had both been working there for eight years and had formed a very close friendship outside of work. While the team was friendly to Mel, they were older and at a different life stage to her which made it difficult for her to find ways to connect with them. When Mel had settled into her role, she noticed that decisions were being made that did not include her opinion. The other members of the team understood each other so well that it was easy for things 'just to happen' without any active team discussion. Mel could see how this might happen especially since it took her a little while to find her feet in day-to-day occupational therapy practice. Yet, now she was sure there were times that clients were missing out on all the options available to them because she had not been involved in the team decision-making process. The team is so small, that there are real risks for Mel if she raises a ‘problem’. Having said that, the fact is that the team dynamic is not working for her or for the benefit of all the clients. The people she works with are such ‘nice’ people but Mel just doesn’t know what she should do about the team dynamic.
and responsibilities can create a high degree of anxiety for employees. Job security may be their principal concern, but other issues such as the skills and ability to function in new roles or with new line reporting to a different person, are also major concerns and bring great uncertainty (Queensland Health, 1999, p. 3). There are valid reasons to be anxious about specific organisational changes. In general though, it's helpful for you to expect that change is the only constant thing that you will experience during your occupational therapy career. See the second INSIDER View in this chapter on page 103 for an inspiring way to understand the experience of change.

Early career occupational therapists involved in the research project to develop this book suggested that it was important to embrace change. Other specific strategies for coping with change include:

- 'Acceptance - look for positive aspects.
- Participation - take part in the change.
- Learning - become thoroughly familiar with the change.
- Utilisation - implement the change; use it.
- Support and assistance - learn and utilise the change and teach it to others.
- Negotiation - arrange for an alteration to part of the change' (Drafke, 2002, p. 153).

**Healthy and Human Services Organisations**

Health and human services organisations have traditionally been hierarchical in nature, often with the medical profession being at the top of the hierarchy. There is a chain of command and communication that moves from the top of the hierarchy to the workers at the less senior levels of the hierarchy. Now and into the future, the trend is toward more parallel structures involving all the health and human services professionals delivering a service. An international example of this type of restructuring is the National Health Service (NHS) in the United Kingdom. The 'flatter' organisational structure of the NHS now involves: management occurring through networks of services; redesign of organisational processes to operate the new 'system'; and greater emphasis on services working in partnership (Mickan and Boyce, 2007).

To help you understand the nature of your employer organisation, it's worth having a look at the organisational chart if it is available. Organisational charts are a visual representation of an organisation's structure, as well as lines of authority, communication and responsibility (Whinery, Rizal-Bilton and Logigian, 1999). The charts can look a bit cryptic when you're first getting to know an organisation, so it could be worth asking your supervisor, mentor or team leader to go through it with you in a way that is relevant to your day-to-day practice.

Health and human services organisations operate within the broader political environment at both the national and the state level. In particular, the availability and distribution of financial resources for the health and human services is often politically determined. It's important to understand (and to stay abreast of) this broader context so that you understand the activities of your employer organisation, as well as the 'core business' of your role.

Below is the current list of national health priorities (these priorities are aligned with the Victorian state priorities).
Healthcare systems experience an inherent tension between the need for predictability, order and efficiency of their internal systems, and the need to be responsive, flexible and strategic with respect to their external environments' (Mickan and Boyce, 2007, p. 170).

‘Understanding the impact of reform and subsequent organisational change is central to the future growth and development of occupational therapy. The ultimate success of the profession in the emerging health environment will depend on its capacity to capitalise on strengths and address weaknesses’ (Lloyd and King, 2002, p. 541).

‘Therapists struggle to live their client-centred values in practices that are boxed within a controlling and closed environment. We are at risk of losing these therapists from our profession wherever the autonomous practitioner change wave is crashing into the old organisational management wave. This disconnect is particularly painful for occupational therapists because we are trained to provide leadership, to resolve issues, to be client-centred. Personally and professionally we live our values in organisations that may not be ready for us’ (Fearing, 2001, p. 211).

‘In order for occupational therapists to understand the changes influencing practice, and to recognise the opportunities that these changes provide for the advancement of the profession, we must be well-informed about the philosophies, history and research that supports efforts like population health and evidence-based practice. In addition, we must keep up to date with both the conceptual and practical developments in these areas so that we can apply them in our work’ (Finlayson, 2000, p. 288).

*verbatim quotes from the literature - see page 6 for advice about reading INSIDER Think* 

4. Inside Organisations Page 99
Priorities for the health and human services do change. As discussed in the last chapter on page 70, there is currently a move toward primary healthcare, health promotion as well as prevention and management of chronic disease. The model of service delivery is increasingly community-based. To stay abreast of the current priorities you can search federal and state government websites. Your employer organisation will also have information about its 'core business'. Seek out the annual report and the reports from senior levels of the organisation (like the CEO report). You can critically reflect on the values and mission of the organisation, and, on how they relate to your day-to-day practice. Your supervisor and/or team leader will also be a source of information about the 'what, why and how' of the 'system' in which you work.

Change within health and human services organisations offers the individual and the collective of the occupational therapy profession opportunities to evolve in the interests of our clients. Embracing change means that your strategic energy can be directed toward the future, rather than your energy being drained by rigid images from the past. '... the perceived challenge by current workforce redesign initiatives to the professional identities of occupational therapists is based on a limiting view of power as repressive. By adopting a view of power as exemplified by Michel Foucault, individual occupational therapists appropriate power and use it to redefine themselves. The consequence is the emergence of individualised, reflexive ethical professionals who continually work on their own personal interpretation of what occupational therapy practice means both for themselves and for their relationships with others' (Mackey, 2007, p. 101). See INSIDER Link on page 107 for details of an article about Foucault.

**Making Healthy Contributions**

It is important to remain mindful in your day-to-day practice of making healthy contributions to and within the organisational 'system'. When you're new to the system, the stance you take within that system needs to be helpful for you, the service and, ultimately, your client. Bannigan (2002) noted that people can sometimes believe they have a right to be negative because of the stress in the 'system'. However, she reinforces that we do not have the right to be negative in the 'real world' of day-to-day practice. '...if we are negative in our thinking, we behave negatively and are perceived as negative people. It affects the people we work with and our team, department, organisation and, ultimately, profession. It literally has a ripple effect...' (p. 397). See the third INSIDER View in this chapter on page 105 for ideas about staying positive within your employer organisation.

During your early career, your positivity, energy and excitement can make a great contribution to your employer organisation's 'system'. 'If we want healthy workplaces, we will create them by being healthy ourselves. Naming values we expect to live in our workplaces, advocating for and contributing to healthy environments, always working to build connections among people and ideas, we can lead change when we choose to do so. We can play an important role in transforming our workplaces' (Fearing, 2001, p. 211).
Clear organisational boundaries work for our clients

Organisations are complex entities, particularly healthcare organisations. To work effectively within any organisation (in this case being health), clarity of role is vital to your own sense of wellbeing and to your client outcomes. A clear understanding of how your role contributes to the organisation’s goals is imperative to your sense of competence as a beginning practitioner within the health industry. (Note – I will use client – as synonymous for patient, consumer and other similar terms).

Clarity implies clear boundaries. If you are feeling vague, overburdened or unsure of your role it is worth asking “What is my role here?” and “How does that fit into what is being achieved here within this organisation?”. These are questions you can ask yourself or in supervision with your clinical supervisor. Answering these questions requires dialogue and it may require courage to ask these questions if your clinical supervisor/team leader/manager have not enunciated these areas for you and your team. These issues not only affect you but everyone within the organisation, from new graduate to the most senior, experienced practitioners.

Ideally, clarity of boundaries should enable us to work more effectively and efficiently within our role. Clear guidelines can provide us with a sense of purpose that parallels the goal of the organisation, and ultimately, provides the best outcome for our clients. Lack of clarity is one of the most prevalent reasons for organisational conflict and failure. Ambiguity is most dangerous for an organisation when it occurs around the organisation’s boundaries. For example, there may be many teams (acute and sub-acute) in one health service.
that you may need to traverse in order that your client receives the most appropriate care/service. This could also involve working across organisations such as in hospital to community health and/or non-government organisations. The basic operational function of the boundary is to protect the organisation's core business. If we are familiar with what constitutes the 'core business' of the organisation in which we work, we can work in ways that serve our client. Further, we are then enabled to negotiate at the boundaries in the service for our clients.

When boundaries are not appropriately managed, there is evidence to suggest that the 'splitting phenomenon' increases, with various groups viewing each other in blameful ways. This can certainly set up a cycle of ongoing back and forth recriminations which can be difficult to avoid. Whilst as a new graduate it will not be your role to primarily maintain and regulate these boundaries (this should be the work of the supervisor/team leader/manager), it certainly will assist you to understand that dynamics within an organisation can and will affect your ability to do your work.

Your work is to ensure that you have clear boundaries around your role particularly in the context of operating in a team. How your team works will vary from one setting to another -- multi-disciplinary, inter-disciplinary, trans-disciplinary teams all vary. A good understanding of how your team operates is important to ensure that you have a good grasp of how your role may be undertaken. The important point to remember is that no matter how the team as a whole operates, it holds true that to effectively work together as a team, there will still be a need to negotiate your role and ensure that your boundaries are clear.

Remember boundaries serve to provide clear expectations and associated responsibilities. When we think about boundaries we need to ask ourselves if they serve our clients, and do they serve us as workers to enable the best for our clients. Boundaries should not restrain but rather paradoxically liberate us to work in a way that is dynamic and creative. As a result we should then be able to enter into partnerships with other service providers that are truly collaborative and serve the intention of meeting our client's goals and needs.

KEY QUESTIONS TO ASK YOURSELF: "How do the current boundaries (processes and guidelines) SERVE MY CLIENT and ENABLE ME TO WORK WITH MY CLIENT, and do those current boundaries indeed truly REFLECT THE ORGANISATION'S GOALS, MISSION and VALUES?"

Jude Bulten
When you meet Robyn she is gentle, personable and quietly impressive. When you see Robyn speak in public, she is riveting, profound and unforgettable impresssively. All of these qualities are evident in this INSIDER View she wrote about the experience of change for early career occupational therapists. Michelle Courtney

Robyn Low
Occupational Therapist with thirty years experience
Postgraduate training in mental health and consulting practice
Board of OT AUSTRALIA Victoria, and actively participating in Association activities

Through the neutral zone...new wonderlands...

"Who are you?" said the Caterpillar..."I - I hardly know, sir, just at present - at least I know who I was when I got up this morning, but I think I must have changed several times since then..... I can't explain myself, I'm afraid sir" said Alice, "because I'm not myself you see." Lewis Carroll (1932)

As therapists, family members, staff members and individuals, we will all face change and transitions throughout our personal and professional lives. We form relationships that can be deeply affected by change. Change can be disorienting at best and traumatic or life-changing at the other extreme.

After working as an occupational therapist for many years (I graduated in 1976), I have developed a strong belief in the human resilience, and that people can and do change. The transition from what 'was' to what 'is' presents people with a huge challenge. Although we all crave certainty as it helps us form a grounded picture of our world, this certainty is disrupted during transitions in our lives. I first started to work as an occupational therapist in an institution in rural Victoria where people with mental illness were treated. Now, treatment for mental illness is largely community based. I began my career as a single carefree individual working in the Public Service, and now I have a grown up family, and have just moved into private practice. As I focus on these changes, past and more recent, I believe I have made many transitions in my life so far.

William Bridges' (2001) theory and personal account of organisational and personal change has been helpful to me during transition times that are difficult to manage. Bridges states that whether a change (meaning a situation that one notices) is developmental or reactive, the same three stages are involved:

- An **ending** where we lose or let go of the way things had been
- The **neutral zone** where we sit in a space after something has ended, but there is nothing familiar for us to hold on to. We feel lost in space rather like

*perspectives written by individual occupational therapists - see page 3 for advice about reading INSIDER View*
Alice's experiences in Wonderland

- **The new beginning** where we identify ourselves with the way things are now

I have experienced these stages in my own personal life, and have found the neutral zone a frightening place to be, and sometimes it takes a long time to journey through. I have also seen this fear and disorientation in the people I have worked with in the mental health area, who also enter the neutral zone as their condition and life circumstances fluctuate. Together my clients and I have experienced the same process of transition. The support of others is important at this time, particularly from those who can understand what pressures transition provides. There are many techniques that I have used to try to manage transition times, and some of them have worked more successfully than others.

I was attracted to occupational therapy when I was in high school. I have learned that applying my occupational therapy knowledge to my own situation has helped me in difficult times. The most important has been the notion of being involved in meaningful occupations and to really take note of the present moment. This has helped me to develop a sense of who I am both professionally and personally.

Sometimes life throws us challenges that loudly demand we change, and other challenges deliver more vague messages to us on a more unconscious level. I have welcomed challenges in my life, but the transitions to new beginnings were not always comfortable. My work in different areas has provided me with a rich learning environment and opportunity to grow personally, although the neutral zones of these experiences usually felt very frightening (the first one began with feeling scared as a new graduate in a rural hospital with no real sense of who I was as an occupational therapist). With many years experience, I am in the new situation of working privately, and I am just emerging from the neutral zone of this more recent transition.

My professional and private life is similar to a river's journey; sometimes deviating around flood plains, having periods of turbulence and calm, but it is still the same river. We can all take care to be present in as many moments on the journey as possible.

References


Robyn Low
I was working at The Geelong Hospital when Sue took up the position as CEO of the region's health network, Barwon Health. I remember feeling a vicarious pride (and humble awe) that an occupational therapist could rise to that level of seniority. Since then, I have had the pleasure of hearing Sue speak at forums for the occupational therapy community of practice. Her words have always been informed, insightful and inspiring. Once again, in this INSIDER View, Sue showcases her impressive qualities. Michelle Courtney

Sue De Gilio
CEO Barwon Health
MSc. (Bristol) NZROT CHSM
President, Geelong Chamber of Commerce (Australia)
Member Deakin University Council (Governor in Council Appointment)
Fellow (graduate) of the Australian Institute of Company Directors (Diploma)
Associate Fellow, Australian College of Health Service Executives
Doctoral research with Birmingham University (part-time)

Your organisation is your base for being a strong achiever

A great organisation is one where thriving means positiveness, good challenges, feeling supported and cared for, yet given the chance to develop talents, show individuality, be creative and innovative.

The very first exercise in ‘thriving positively’ is to plan what you want to do and consider where you might want to specialise, progress or even aspire to (even if reaching your aspirations is some years away). Choose your job carefully. Think through what your pathway might be, and consider the additional training you need to move along that path.

The quickest way to stress out is to go for the job for which you have limited experience, or just because it is highly paid. As many have found, there are no easy routes to achievement and job satisfaction. Failure to achieve, because you’re in a job that is currently beyond your abilities, can be devastating.

Occupational Therapy is a demanding profession. The drivers to treat and support more and more people in a shorter time are relentless. Meeting the many challenges of your job comes down to professional resilience. Your professional resilience comes first with an understanding of yourself and your emotional intelligence: basically, how you manage yourself. Just doing a 9-to-5 day does not give you that resilience. Nor does it promote the broader knowledge and experience that you need for your career.

The strong achiever is often the person who considers a work-life balance, reaches for that challenge just out of reach but not too far away, and shares themselves with others. They are generally fun to be around because they are having lots of experiences which all seem enjoyable although demanding. That person is in control of their lives. They are often inspiring to others.

Volunteering was my way of developing that thirst for doing things. Initially it was focussed on supporting not-for-profit groups, treasurer of this, secretary of that, being part of an expedition to third world countries, planning events at work, and going to conferences. Later as Vice President of the World Federation of Occupational Therapists, I travelled for some years to Council meetings across Europe, Israel, and South Africa. I became embroiled in policy making for OTs worldwide around ethics, involvement in torture, minimum education standards, and the multi-purpose therapists. It all started with supporting the national and local OT Association and finding ways to support the development of the organisation.

Organisations only become daunting when you allow them to, rather than stepping outside—the-square, seeing what is beyond, and reaching out for challenges. Do all that, and the motivation becomes stronger and stronger, and the achievement flows.

Sue De Gilio

*perspectives written by individual occupational therapists - see page 3 for advice about reading INSIDER View*
Family dynamics at work
Your experiences outside your professional role will impact on your experiences of organisational life as well as the quality of your work. Some say that you can take the dynamics of your family life into your employer organisation (Gabriel, 1999; Raab, 2000). It’s worth reflecting on what draws you to: An organisation; individuals within the organisation; and, even a particular client group. What might you be playing out through your work from your own experiences in life? This interplay is not automatically negative. It can be the inspiration for fantastic professional experiences and impressive contributions. As you enjoy new and exciting experiences during your early career, it’s useful to critically reflect on all the aspects of your life experience that you bring to the organisational ‘system’. A mentor is useful for support and advice about making the most of everything that you have to offer your organisation, and ultimately therefore, your client.

Creative management at any level
'When embarking on a career today, any individual should expect to be employed and valued for her or his contribution to the organisation, not for a particular level in the hierarchy' (Gilkeson, 1997, p. 21). No matter what your role or your level of seniority within an organisation, you can make a creative and positive contribution to the 'system' (Loehr and Schwartz, 2001). This can mean simply committing to being part of creating a positive, calm and supportive atmosphere within your team or office environment through to each specific management strategy that you apply. See INSIDER Link on page 107 for details of accessing information about creative management at any level.

Below is a 'straight talking' list of ideas to start you thinking about how you can contribute positively to your employer organisation with creative management in your day-to-day work. Whatever your choices, you will need to maintain appropriate interpersonal boundaries, show respect for individual personal styles, and be mindful of the norms of your organisation (including interactions between levels of seniority). You will also need to remain sensitive to the values and preferences of others especially where there are differences in culture and/or gender. You may want to discuss any ideas that you have with your supervisor, team leader and/or mentor.

- Remember key work dates and deadlines of co-workers - offer support and encouragement
- Remember birthdays and make gestures that could range from an email to a small token gift
- Remember people’s holidays and when they are due to return - you may want to put a welcome home note in their work station
- Always express sincere appreciation for the work of others - be specific and consistent
- Celebrate the achievements of your colleagues
- Bringing someone a coffee can mean a lot
- A small chocolate in someone’s pigeon hole or on someone’s desk with a sticky note attached can be a highlight in their day
- 'Break bread' together regularly - whether this be morning tea with colleagues or a monthly lunch where possible - share food you have made if this is appropriate
- Consider theme days at work - which are said to change the energy of environment - this positive energy can include the clients as well.

• Organisational Dynamics Journal
www.eisevier.com/wps/find/journaldescription.cws_home/621045/description#description

www.whb.co.uk/socialissues/jd.htm


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Power

Change

Self management

*readings and resources for follow-up - see page 10 for advice about reading INSIDER Link
Inside Teams presents information about working positively in teams. Teams Collaborate opens the chapter by underlining the importance of collaboration within the 'real world' of competition. Teams that Work explores the characteristics of effective teams and then Teams that Need Work explores some challenges for teams. Being an Effective Team Player presents information about being a positive, individual team member including consideration of independence as well as friendship in teamwork. Teams in the Health and Human Services specifically discusses the types of teams in which early career occupational therapists are likely to work. The chapter then specifically explores Effective Health and Human Services Teams. Inside Teams ends with information about team meetings including conflict management.

Kirsten, a Manager said '...I see that the new grads are a lot more confident in working in teams. And probably, that's what...I...they're learning that a little bit more at uni, the importance of multi-disciplinary teams. I just remember when I started no-one was really 100% confident with liaising with medical staff and that type of thing. But I would say the majority now have got those skills, I think...'


**Teams Collaborate**

Your day-to-day work as an occupational therapist will involve working in teams. The teams could involve other occupational therapists, other health and human services professionals, members of administrative and other services, external stakeholders, as well as your client and people significant to your client. The first thing to understand about your teams is that every member of any team is important. People will have different and varied roles within your teams, and each of these roles is vital to the effective delivery of health and human services. During your early career, it is important to value and respect everyone who is involved in your day-to-day work with your clients. Working positively in teams requires you to collaborate, to negotiate and to manage conflict (which could be on a continuum from unspoken competition to open disagreement). The benefits of teamwork enhance your day-to-day practice with clients, your professional life, your organisations and the health and human services.

The information in this chapter is primarily about teams of health and human services professionals. Moyers (2005) notes that it's important to remember that:

- ‘The occupational therapist, when needed, directly assumes the responsibility of developing teams designed to address the occupational performance needs of clients’;
- ‘For example in industry, in addition to the occupational therapist, the team could consist of safety engineers, quality control engineers, human resource personnel, corporate managers, and union representatives’;
- ‘Occupational therapists need to develop networking skills to learn about and use local community resources, as well as state, regional and national experts’ (p. 19).

There is increasing competition for recognition and resources within the health and human services. This competition can involve your occupational therapy peers as well as other team members. Your experience of professional support, mutual understanding and fellowship is directly related to the nature of the relationship you develop with your ‘competitors’ (Benton, 1995). Your perception of ‘competitors’ will be key to your day-to-day work. During your early career, it’s important to be open and honest, rather than defensive and dysfunctional. Always remember that to be an effective health and human services professional your energy and activities are best invested in collaborating, not competing.

**Teams that Work**

‘Teamwork is accomplished through interdependent collaboration, open communication and shared decision-making, and generates value-added patient, organisational, and staff outcomes’ (Xyrichis and Ream, 2007, p. 239). Teamwork is so vital across a variety of industries that it has been the focus of many authors in the literature. See INSIDER Link on page 129 for details of some further information that is available.

Below is a ‘straight talking’ list of things to reflect upon as you aim for effective teamwork in your day-to-day practice. In the IDEAL world…

- The organisation values and supports teamwork
- Teams have a united approach to managing their resources and administrative responsibilities
- Teams comprise a manageable (small rather than large) number of members who have cohesive relationships
Inside Teams

Kate works at an acute mental health service. Home visit assessments are a regular and sometimes stressful part of her work. On one occasion, Joan, the administrative assistant responsible for scheduling the car bookings, made an oversight. Kate’s car was not available and using alternative transport such as a taxi was not appropriate for the needs of the client. Cancelling the home visit meant that the client’s discharge was delayed. Kate made sure that Joan understood how the mistake had affected her work and her client. She was very concerned that it might happen to her on another occasion. Later that week, Kate’s supervisor took her aside to talk about that interaction. She said that the administrative assistant working in outpatients had told her that Kate had really upset Joan. Joan was really offended at being treated like she was incompetent. Kate made sure her supervisor understood exactly what had happened from her memory, and that she was only being assertive, not personal. Kate believes that Joan would not have a job if it wasn’t for the clinicians, and therefore, she has a responsibility not to make their jobs even harder. Kate’s supervisor was fair but basically told Kate she’d completely missed the point and that she needed to seriously adjust her view of how teams work together. Apparently, now all the admin. staff were aware of her ‘incident’ with Joan. After only three months in the job, Kate just hadn’t thought about how this kind of situation could evolve to be something so problematic in her day-to-day practice. Her supervisor says she needs to think about repairing the relationships with Joan and the admin. staff. Kate’s lost confidence in her place within the system and is unsure how to go about moving forward.
Teams have all the relevant team members necessary to get the job done
The range and mix of team members' skills and expertise is tailored to the job at hand
Each team member understands that they are vital to the effectiveness of the team
The job at hand for the team is of interest to all members of the team
Team members are committed to the job at hand and see that it is meaningful
Team members all feel responsible for the quality of the job and also for the quality of the teamwork
The goals of the team are clear and all members of the team share the same goals
Team members acknowledge and value each other's contribution and give regular, constructive feedback
Team leadership suits the type of team and is effective for promoting decision-making
Team members trust each other
Team members are flexible, and interactively solve problems and manage conflict
Teams involve positive interpersonal relationships (Anderson, 2007; Mickan and Rodger, 2000a; Mickan and Rodger, 2000b)

As a result of any elements from the above list being absent (or counter) a team may not work effectively. You need to be clear about what is expected of the team and its members before you can really decide whether the team is working effectively.

**Teams that Need Work**

Teams not working effectively are problematic (and resource inefficient) within any health and human services organisation. Mickan and Rodger (2000a) describe the barriers to effective teamwork as 'difficulties with team structures, processes and in personal choices to work in teams' (p. 185). To promote effective teamwork it is important that individual teams have their own responsibility, accountability, power and control within an organisation (Mickan and Boyce, 2007).

Below is a 'straight talking' list of things to reflect upon as you try to understand problems with effective teamwork in your day-to-day practice. In the REAL world, teams struggle to thrive if...

- Teamwork is not supported by the organisation
- The job being done by the team is not supported by the organisation
- Team members don't take satisfaction in doing the job at hand
- Team members have low job satisfaction generally
- The team is formed too quickly and doesn't have the opportunity to evolve through each of the optimal group process phases of forming, storming, norming and performing (which you will know about from your occupational therapy studies)
- Some team members do not contribute to the job at hand or to the teamwork
- Team members hold a fixed perception that others are not contributing appropriately to the job at hand or to the teamwork
- There is unmanaged and unresolved conflict amongst the team members
- Team members have feelings of divided loyalty between multiple teams in which they are involved
- Team members have feelings of divided loyalty between other individual team members
One of the ‘statements’ underlines a core value that facilitates you working positively (and ethically) in teams. Working in teams can present challenges during your early career, so it is vital that you are mindful of your ethical responsibility to consider the needs of your colleagues.

"Working Relationships
Occupational therapists shall respect the needs, traditions, practices, special competencies, and responsibilities of their own and other professions, as well as those of the institutions and agencies that constitute their working environment.'
(OT AUSTRALIA, 2001, p. 4)
• Team members do not invest in sharing, and in developing an understanding of each other (Fossey, 2001; Ivanitskaya, Glazer and Erofeev, 2009; Morse, 1998)

**Being an Effective Team Player**

To be an effective team player, you need to constantly reflect on and manage your individual contribution for the benefit of the team.

Below is a *straight talking* list of things to reflect upon as you work toward being a highly effective team player in your day-to-day practice. Actively work toward...

- Managing the processes that promote effective teamwork (rather than just managing the job at hand for the team)
- A collaborative approach involving consultation, negotiation and cooperation
- The team communicating well as a group
- Team values that acknowledge members’ different perspectives, skills and knowledge
- Reflecting on your own contribution and objectively critiquing your own teamwork (as well as your own performance on the job at hand)
- Being secure about the perspective, skills and knowledge that you offer the team
- Constantly updating and improving your skills and knowledge
- Performing at your best and facilitating the best from other team members
- Being clear about your role within the team while remaining flexible and responsive
- Being sensitive and flexible about any appropriate professional boundaries within the team that promote effectiveness in the job at hand
- Being open to adaptive and proactive evolution in existing professional boundaries (if any boundaries exist in your team)
- Being open and communicative with all team members (don’t let the physical location of your office distance you from team members and/or unduly influence your communication with team members)
- Being active in team discussion and appropriately involved in any decision-making (consider visiting other team members’ office areas regularly for informal information exchange)
- Being open to appropriately assuming administrative and leadership roles within the team (Freegard, 2007; Greenberg and Baron, 2003)

**Independence and teamwork**

'In a team, individuals' actions are interdependent and coordinated, each member has a specified role, and members share common task goals or objectives' (Ivanitskaya, Glazer and Erofeev, 2009, p. 128). Some people would rather work alone than in teams. Working in teams requires (to varying extents depending on the team) conforming to team norms, standards and perspectives. The team dynamics can stifle the creativity of individual team members. Team decision-making can take more time and more negotiation than individual decision-making. There can be issues of power inequity and disrespect amongst team members (Mickan and Rodger, 2000a). Nevertheless, the reality is that to function effectively in the interests of your clients, you will need to function effectively within some kind of health and human services team.

Occupational therapists value autonomy in their work. At the same time, occupational therapists routinely work in teams. There can be a struggle between your autonomy and your...
...Being part of a team is a fantastic thing. Whether it is...[...] the team that you directly work with the clients, or whether it is just the team that you base your office in. However it is. A team is invaluable in terms of; getting feedback, having people to talk about things, sharing experiences, getting ideas. You know, you probably can’t say really too many bad things about having a team around you. And I think it is very important to, sort of, be part of it. And then learn from the people. It is amazing how many conversations you can hear in an office that you’ll think “Oh, that’s a really good idea to do that!” or “Oh, I’ve never thought about it that way!” Things like that, that you can really then take on as part of your practice as well...’ Mary, Early Career OT

‘...you could say that everyone has helped someone and like everyone else out at some point. I think that helps with their job satisfaction too. They’re not feeling “I’ve got a bigger case load than her” and “No-one will help me with that”. And I think that’s quite good. We’re just trying to work on that equity across the grade ones too. So that you’ve now got these non-clinical responsibilities because you don’t want them to feel overloaded with that as well. Which sometimes you’ve got to be conscious of, because you’ve got a very capable grade 1 and they’ll put their hand up for everything...’ Kirsten, Manager

‘...I find that some new grads have difficulty working in the team and team meetings and that type of thing because they’re still trying to find out who they are in the position. It’s hard to concentrate on everyone else as well and how you can fit in with them. They’re just trying to fit in themselves to start with...[...] Just trying to find out who their identity is as an OT in this setting. And once they can do that, they find it easy to fit in with the team and work with the team and communication...’ Cathie, Manager

‘...I think people when they do start they need to know whose role is what within the team. What is the physio role and what’s the OT role and what’s the role of the social worker. I think you need to know your co-workers and who they are. How to contact them, what their experience is, and when to call on them, because they’re huge resources. I think you need to always have a crack at finding things out rather than just letting them wait until it happens. Get over these anxious moments at the start, like, “I don’t know where to find that fax number or don’t know who to refer on, so I won’t refer on”. Always have a go and I suppose that’s not necessarily something you can prepare someone for. But I suppose it’s advice [I’d give] to someone that get in and have a go because...[...]it’ll be easier next time early on...’ Chris, Early Career OT
In 1990, Lin co-authored a Viewpoint in the Australian Occupational Therapy Journal (AOTJ) that encouraged occupational therapists to be more politically aware in their day-to-day practice. Her own achievements as part of the profession’s community of practice demonstrate a visionary ability to understand key issues in the broader context of practice. Lin’s capacity for leadership ranges from groundbreaking initiatives such as the Koori Occupational Therapy Scheme (KOTS) through to the warm and supportive way that she mentors individual, early career occupational therapists. Lin’s INSIDER View about the allied health professions presents her unique experience, her profound insights and her inspired vision for the future of occupational therapy. Michelle Courtney

Linda E. Oke
Project Officer - Indigenous Allied Health Network
Manager, Occupational Therapy Department, The Royal Children’s Hospital (2004 - 2008)
Former CEO OT AUSTRALIA national office (1993 - 2004)
Past Elected Executive Officer and Chair National Allied Health Associations (1999 – 2004)

Occupational Therapy and the Allied Health Professions

Welcome to the occupational therapy profession – a very special professional community. We have much to offer our clients and each other. But we are only part of the whole. Working collectively with others enhances services to clients and encourages teamwork and unity of endeavour in the services we deliver.

When we work together with our allied health colleagues to provide quality services for clients, we are also providing a simple ‘one port of call’ for others wanting to liaise with us. Collectively, with an allied health approach, we can achieve much more when we advocate for changes and improvements in the health system.

So, as occupational therapists, it’s important to SEEK YOUR “ALLIES IN HEALTH”! It’s vital to find ways to BE PART OF AN ALLIED HEALTH APPROACH to the future of the health and human services. By collaborating with our allied health colleagues, we can work dynamically and positively along side the medical and nursing professions as THE THIRD FORCE IN HEALTH: THERE IS STRENGTH IN NUMBERS AND STRENGTH IN UNITY!

In the following text, I have put down some thoughts about the allied health professions to highlight key issues to you as new members not only of the OT profession, but also of this collaborative and dynamic group. Welcome to the allied health professions!

Benefits of a collaborative approach

- To clients/patients through clinical allied health teams both in public & private health services
  > Share assessment results
  > Reinforce each other’s treatment strategies
  > Consistent information provided to clients/carers
  > Coordination of appointment times
- To health service organisations through Departments/Divisions of Allied Health (Ah)
  > Share work spaces

*perspectives written by individual occupational therapists - see page 3 for advice about reading INSIDER View
> Share equipment, materials (eg splint-making)
> Share human resources (eg admin, assistants)
> Effective communication through the organisation
> AH reps on Committees - greater involvement of AH
> Efficiencies in professional development

- To individual professional associations & their profession
  > Share Intelligence
  > Share costs in seeking advice (eg legal, lobbyist)
  > Gain entrée into key government departments, meet key government personnel (eg Ministers, their Advisors, First Assistant Secretaries)
  > Participate in key policy committees (eg Goods and Services Tax [GST] Consultative Committee, Medicare Enhanced Primary Care Items Working Party)
  > Share submissions (eg Department Veterans' Affairs [DVA] Advisors, contracts and remuneration)
- To policy makers in state & commonwealth departments & the Australian community
  > Efficiencies in communication with AH - one "port of call" for AH,
  > Able to include AH reps on Committees (rather than be faced with dilemma of which Association is to be included & also not get swamped by others)

The challenges to allied health collaboration
- Lack of clarity as to who comprises allied health
  > Lack of clarity as to who comprises allied health (refer table below)
  > Analogy with Europe: which countries comprise Europe depends on whether: geographical map; various global organisations' definitions; European Community; Eurovision
  > Confusion as to which professions are being referred to, or included in "allied health"
  > Different "definitions" results in lack of unity, generation of debate, dissent
  > Issues requiring action of interest to only a sub-set, challenging sustained involvement of all

### EXAMPLES OF ALLIED HEALTH#

<table>
<thead>
<tr>
<th>CLASSED AS ALLIED HEALTH #</th>
<th>Specialist hospital</th>
<th>General hospital</th>
<th>Public Community Health</th>
<th>Mental Health</th>
<th>Private practice</th>
<th>Manager AHFA</th>
<th>Government programmes, scholarships</th>
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# As at 2004.

- Variability in different professions' spheres of operation
  > Variability in different professions' spheres of operation eg Psychologists: education, organisational health as well as people's health eg Social Workers advocacy & welfare as well as health
  > Internal challenges to professions' alignment with "allied health"
- Competition for roles/funds in a work place
  > Where professions are competing for resources from the "one bucket" as in hospitals, there are often ill feelings generated through the competition, impacting on collaboration

*perspectives written by individual occupational therapists - see page 3 for advice about reading INSIDER View
In the private sector, often the competition for customers is more between members providing the same services, than between professions.

- Lack of established structure
- A variety of structures linking together allied health professions in public hospitals have been introduced over the last decade, with a Director of Allied Health being part of the hospital executive group. Many of these structures have been modified or replaced. This impacts on how effective allied health can be as effective participant / player at senior management and policy levels.
- There is no consistent pattern to these allied health groupings across the Australian hospital sector, so sharing of comparable information and benchmarking is made difficult.
- In small organisations the few allied health staff simply report through to an operations manager.
- Some private practices comprise a range of allied health practitioners, but generally they are unidisciplinary.
- Where a range of allied health private practitioners provide services to a client (e.g. Slow Stream Rehab; DVA) there is no "team leader" to facilitate collaboration.
- Variation in the structure of national allied health associations.
  - The Allied Health Professions Australia is the national association for allied health professions. It is often assumed that each member association (like OT AUSTRALIA; Australian Physiotherapy Association; Australian Psychological Society; Speech Pathology Association etc) have similar structures between their state & national bodies. If this was the case it would enhance communication and collaboration at all levels — but their structures vary considerably.
- Lack of clarity as to who comprises allied health.

The Allied Health Organisations

National

State
- Variability in composition, number of State AH bodies (NSW has two) and level of activity (related to size of state).
  - In Victoria, active group: Victorian Allied Health Alliance
- Directors of Allied Health Group

10 years of achievement for OT in allied health

Achievements for the profession

The occupational therapy profession has been a leading force within the allied health professions. During the ten years (1994-2004), we made a dynamic and influential contribution to the future of the health and human services. Some major achievements included:
- Lead role in Allied Health Professions Australia (AHPA) (formerly called Health Professions Council of Australia [HPCA])
- Was often one of a few delegates to fly to Canberra and meet with senior Commonwealth staff, with Ministers and their advisors
- Invited key Commonwealth personnel to Allied Health meetings at OT AUSTRALIA office
- The AH representative on the Goods and Services Tax (GST) in Health Forum with taxation Commissioner & staff to draft GST-free legislation
- Ensured OT services were GST free
- Represented AH in the planning and development of new category in Medicare Items which rebate AH
- Ensured OT services included in the Medicare Enhanced Primary Care (EPC) Items

Think as an OT, link in with your allied health colleagues and collectively achieve more!
Watch around you and observe — those who are much more likely to bring out the best in others are those who:
- Are inclusive rather than exclusive
- Show respect and regard rather than dismissiveness & superiority
- Encourage and facilitate rather than criticise and diminish.

Always keep uppermost in your mind that the primary driver in deciding how you operate as an occupational therapist is "What is best for the client?".

Linda E. Oke
accountability as a health and human services team member. Misdirecting your energy into this struggle can lead to problems with being an effective team player. During your early career, it is important to reflect on the appropriate balance between autonomy and teamwork in your day-to-day practice. ‘... in the early stages of role development it is essential that the post-holders feel adequately prepared to carry out the role and that the boundaries of their practice are well defined. Career progression within the role is essential and post-holders must feel well integrated within their professional group and with their immediate colleagues’ (Collins, Jones, McDonnell et al. 2000, p. 11). It may be useful to regularly discuss the nature of your involvement in your teams with your supervisor, team leader and/or mentor.

**Friendships at work**

By their very nature, teams are 'social'. Participants in the research project to develop this book spoke favourably about social activities perceived as team building, like team lunches and team sporting activities. Having said that, there does need to be balance in the social relationships within teams. Having very close (or so called 'best') friendships at work can be tricky. On one hand, (especially during your early career) it can be comforting at work to have someone who knows you well and who cares about you as a person. On the other hand, close friendships can be distracting, time wasting, ethically compromising (in terms of confidentiality, conflict of interest and favouritism), excluding of others, and disruptive to optimal team communication as well as other team processes including decision-making.

Friendships can also change over time. This can be problematic if you are no longer seeking any contact with a former friend who remains a current fellow team member. Remember that your primary concern is the interests of your clients. Any social relationships at work need to be balanced and managed wisely so as to maximise your own and your team's effectiveness.

Morrison (2007) suggested the following tips for getting social relationships at work right.

- Be aware of how your friendship is impacting your workplace;
- It is good to have friends but be careful about forming best friendships at work;
- Be aware of your organisations' policies on confidentiality, favouritism etc; and,
- Be clear and open about what is work-related and what is not.

Your supervisor, team leader and/or mentor may be able to assist you to critically reflect on your social relationships at work.

**Teams in the Health and Human Services**

As discussed on page 44, the health and human services are changing to meet the immediate and future needs of the Australian population. The National Health Workforce Strategic Framework ‘recognises that a collaborative, multi-disciplinary approach is needed to effectively tackle health workforce issues.’ (Australian Health Ministers’ Conference, 2004, p. 5). There will be ongoing reforms in job design, the scope of practice, and resourcing, to achieve a more sustainable and coordinated healthcare workforce (Australian Government Productivity Commission, 2005). The health and human services systems as well as the workforce will be rationalised, and new ways of working will continue to emerge.

As the health and human services evolve in response to changing needs within the community, there are new types of teams emerging. Specifically, integrated teams are now seen to deliver effective healthcare, and inter-professional (as well as trans-professional)
practice has come into focus (Jones, 2005). Importantly, there is a move away from both discipline specific teams as well as away from teams involving exclusively professional team members (that is, teams will include administrative and other health and human services workers). For example, there would be a stroke team; an emergency department team; a hand therapy team; and/or, an allied health quality improvement team. During your early career, you will need to remain open, responsive and positive about the contribution you make as an occupational therapist within health and human services teams.

See the INSIDER View in this chapter on page 116 for a detailed analysis of occupational therapy and the allied health professions in today's health and human services.

**Types of Teams**

There are different types of teams in the health and human services. The types of teams are commonly described as multi-disciplinary, inter-disciplinary or trans-disciplinary. Sometimes you may work in a team that is not clearly one ‘type’ or another. Making a distinct classification is not vital. The terms used to classify the types of teams are not used consistently, and there is some confusion about these terms. Still, it is useful to seek to understand the ‘type’ of your team so that you can work effectively in alignment with other team members in the interests of your clients.

*Multi-disciplinary* teams involve the client being seen by more than one health and human services professional. Each professional works relatively independently of other team members, and communicates discipline specific information as necessary.

*Inter-disciplinary* teams involve the client having coordinated intervention with more than one health and human services professional. Each professional communicates consistently with other team members. Inter-disciplinary teamwork can involve undertaking intervention conjointly (for example ‘joint’ occupational therapy and physiotherapy sessions).

*Trans-disciplinary* teams involve crossing traditional boundaries in the roles of health and human services professionals. Each professional undertakes similar work and takes responsibility for a specific number of clients. Each client has an individual intervention program designed by all the team (Griffin, 1996).

Your supervisor, team leader and/or mentor may be able to share their knowledge, experience and perspective about the types of health and human services teams. It’s useful to reflect on the potential and the challenges of each model. For example, in some specific situations (like geriatric care), multi-disciplinary healthcare teams can improve patient satisfaction and quality of life (Ivanitskaya, Glazer and Erofeev, 2009). While inter-disciplinary teams are often promoted as being a positive model, their efficacy in terms of cost and clinical outcomes have yet to be adequately proven in some settings (Schofield and Amodeo, 1999). 'Inter-disciplinary teams are prone to miscommunication. Unresolved differences in values or health perspective, jargon or skill can cause misunderstanding of nuances of meaning and jargon. Individual health professionals may lose their own discipline identity, especially if the person is employed in a generic position such as ‘rehabilitation officer’. Lack of confidence and loss of professional purpose can result. Encroachment into the professional “territory” of other team members can be a major cause of conflict' (Freegard, 2007, p. 170).
Shared learning opportunities in professional education, and in teams, which include consumer, carer, and professional perspectives, are necessary to increase the depth of understanding and quality of service provision in this area (Fossey, 2001 p. 235).

'Team members must simultaneously recognise and value their contribution to the team. With sufficient self-knowledge, individuals can trust and respect the contributions of their colleagues' (Mickan and Rodger, 2000, p. 206).

'It is widely considered that communication both between and within teams is the key to efficient collaboration and continuity of care...' (Dawson, 2007, p. 503)

‘…working on interdisciplinary teams is a competency that is changing as occupational therapy addresses occupational performance and social participation in the community’ (Moyers, 2005, p. 20).

‘Working in this way...[community based settings and multidisciplinary teams]...can provoke exciting and positive outcomes for both members and their clients, particularly if the team understands their collective purpose, strengths and weaknesses. However, team-based practice may result, in some occupational therapists working in isolation from professional colleagues or in autonomous positions within a team. It calls for clinicians to identify their particular skills and knowledge within the team, and understand the unique contribution they make to overall successful outcomes for the client’ (Christie, 1999, p. 53).

*verbatim quotes from the literature - see page 6 for advice about reading INSIDER Think
Effective Health and Human Services Teams

Much of the organisational psychology and management literature focuses on teams in the general business environment. You can't assume that teams within the health and human services environment will operate in the same way as teams in the business environment. Still, there are some common features of teams that are applicable across these environments (Mickan and Rodger, 2000a).

'Disciplinary composition, diversity, and the presence of clear team goals appear to be the most promising variables linked to both [effective] team processes and outcomes. The question is: What particular expertise is needed and how can it be mobilised with a team? Individual members and leaders appear to need a balance of technical and interpersonal skills, and a team as a whole must function well together technically and interpersonally' (Lemieux-Charles and McGuire, 2006, p. 290).

Mickan and Rodger (2005) describe the key characteristics of effective health care teams as 'purpose, goals, leadership, communication, cohesion, and mutual respect' (p. 365). Effectiveness of health care teams could be promoted through strategic attention to the organisational environment, the team structure, the team processes and to the contribution of individual team members (Mickan and Rogers). Team members need to communicate effectively within the specific structure of their team (for example a hierarchy or a flat structure) (Ivanitskaya, Glazer and Erofeev, 2009). Inter-professional practice demands that team members understand and respect the skills of others in the team, before they can complement the skills of others in the inter-professional team (Jones, 2005).

'Relationships with multi-disciplinary colleagues were both extremely valuable and satisfying, and a source of stress and frustration. When consultants and multi-disciplinary team members acknowledged occupational therapists' essential role in discharge planning, and communication worked effectively, the therapists felt valued, respected and supported and very much part of the team ... The therapists could, however, feel put under considerable pressure by ward staff to conduct urgent assessments in order to enable a rapid hospital discharge. Sensitive to the pressures on nurses and other members of the multi-disciplinary team, the therapists were often willing to bend their rules and put themselves out in order to support their colleagues. When this goodwill was taken for granted, however, and expectations of reciprocal support from multi-disciplinary colleagues were not met, the therapists felt unhappy and even angry' (Robertson and Finlay, 2007, p. 77).

The reason that health and human services teams can struggle to thrive include:
- Team members being defensive and trying to guard their professional boundaries (which creates barriers to inter-professional as well as trans-professional practice);
- hierarchies creating 'comfortable' and familiar ways of working for select but not all team members;
- team members failing to cooperate (negotiate and collaborate) with each other;
- the team failing to cooperate (negotiate and collaborate) with other teams (internal or external to the organisation);
- managers, who are not members of the team, seeking to remain in control of all the activities of the team; and,
• the team not being supported by the organisation (including management) (Greenberg and Baron, 2003; Jones, 2005).

"Team practice is always going to have tensions and power struggles, but what makes the difference is how the tensions and power are processed and with whom. There are opportunities and constraints, barriers and challenges, and benefits and losses in all practice settings in differing proportions. Support for ongoing professional development in inter-professional practice competencies is necessary to effect real change" (Jones, 2005, p. 192).

During your early career, it is wise to seek continuing professional development (CPD) that promotes inter-professional and trans-professional values. You will be aiming toward being open, responsive and collaborative in your teamwork. Outcomes of inter-professional education include positive changes in attitudes and perceptions as well as positive changes in knowledge or skill. Inter-professional education also results in changes in behaviour leading to changes in service delivery and the organisation as a whole. Ultimately, it is your clients who benefit from your inter-professional values (Freeth, Hammick, Koppel et al, 2002).

**Inside Meetings**

One of the formal ways that teams exchange information is through team meetings. Your team meetings may involve your client and people significant to them, your practice team, your discipline specific team, teams within the broader context of your organisation, as well as external teams relevant to you as an occupational therapy professional.

Meetings offer the opportunity to:
• Maintain effective communication within and external to a team or an organisation;
• promote coordination between team members or within organisations;
• create a sense of sharing and democracy within an organisation;
• make mutually supported decisions;
• resolve differences and/or come to agreements;
• clarify uncertainties or misunderstandings;
• share or generate ideas;
• exchange a variety of information; and,
• identify future action required and to establish a strategy for future action (Queensland Department of Sport and Recreation, 2004; New South Wales Department of State and Regional Development, 2008).

Some meetings are more ordered and controlled than others (like annual general meetings and meetings of the organisation’s executive) reflecting the place of each meeting’s activity within the organisational structure. Less ordered and controlled meetings are often more task orientated involving problem solving, brainstorming and/or creative decision-making. During your early career, you are likely to participate in a range of meeting formats in various settings. It may be helpful for you to do a web-based search of ‘meetings’ with particular attention to state and federal government business sites (as well as service clubs/organisations that meet regularly). You will find many handy hints to help you understand how meetings work, and how you can best contribute to meetings in the interests of your clients. During your early career, it is important to invest in developing your ability to speak effectively in meetings, and to also develop relevant skills such as active listening,
negotiating and debating.

Below is a list of 'straight talking' tips for effective meetings.

• Have a clear purpose - meet only when necessary
• Avoid 'meeting for the meeting's sake' - unless the meeting itself serves an important function within the governance structures of your organisation
• Ensure that the physical conditions in the meeting room are comfortable and match the focus/purpose of the meeting
• Check correct temperature, adequate lighting (as well as blinds for direct light if necessary) and ventilation
• The choice of table is important - no table means that you are less likely to require note taking and more likely to be seeking open discussion - round tables facilitate discussion - attendees who sit at the head of a rectangular table are perceived as being more powerful - people sitting side by side can have difficulty communicating with each other
• Attendees should be carefully considered and not involve anyone who does not have a purpose for being there - meetings are expensive in terms of human resources
• The number of attendees will depend on the aim of the meeting - for example problem solving (could have a small core group) or presentation (a larger group could be appropriate)
• Always give your 'apologies' to relevant attendees if you are unable to be at a meeting
• Have a chairperson, facilitator or leader - depending on the level of structure in the meeting - this person can establish some guidelines for participation in the meeting
• Meeting guidelines could include the use of mobile phones and pagers, the duration of the meeting, how many people can speak at one time (preferably one), if people can eat or drink during meetings (be sensitive to the norms when you first attend any meeting)
• All participants should be active listeners and respect the contribution of others
• Always have someone who is responsible for taking notes - no matter how unstructured the meeting
• Ideally the people who are punctual should be rewarded with a punctual start to a meeting (rather than rewarding those who are habitually late by waiting for them to arrive or re-capping during the meeting)
• Always finish meetings on time - if the agenda is short then finish early rather than taking up all the available time for the meeting without there being a defined and agreed purpose
• Always have an agenda - even if this is simply an unstructured list to lead discussion - you need to enable the meeting to remain focused
• Send out an agenda and relevant documents in good time prior to the meeting
• All participants should arrive prepared including having read any relevant documents (like the minutes of the last meeting, an agenda or a discussion paper)
• Everyone who attends should be encouraged to participate
• Facilitate fair and objective decision-making
• Make clearly articulated decisions on outcomes, actions and/or plans
• Name who is responsible for outcomes or actions
• Avoid making decisions on behalf of people not able to attend the meeting unless you know this is acceptable to them
• Make sure that there is some process to ensure actions are followed up and reported back
• How would you use a shared office environment to contribute to your continuing professional development?
• What is a new example of a team building activity that is cost neutral to your organisation?
• What are the differences between attending a team meeting and sending a written report?

(Velde, Wittman and Vos, 2006)

• What are the pro’s and con’s of discipline specific sessions with clients compared to inter-disciplinary sessions with clients?
• How is your ability to function effectively in a team related to the outcomes that you achieve with your clients?
• Explain why the allied health professions are the ‘third force’ in health and human services?

*questions to promote critical thinking - see page 14 for advice about reading INSIDER Lead*
to the group

• If you are attending a telephone, video or virtual meeting, it is important that you seek information about being effective in those mediums (Drafke, 2002)

For the most structured meetings, specific rules need to be followed. Roberts’ Rules of Order is a common format for structured meetings. A web-based search can provide information on the usual requirements for specific meeting types (for example annual general meetings).

The following ‘straight talking’ items are routinely included on an agenda.

• Welcome and brief introduction (to each of the people attending as well as to the purpose of the meeting)
• Discussion points to be addressed during the meeting (time can be allocated to each item)
• Any other business (during the meeting, attendees may appropriately raise items for discussion that are not listed previously on the agenda - the leader of the meetings will negotiate the inclusion of other business)
• Date/place of next meeting

To ensure that all attendees, and those who were unable to attend, can keep a record of the meeting, minutes or action notes should be taken and circulated. The following ‘straight talking’ items are routinely included in action notes.

• List of those present at the meeting, and the apologies
• Clarification (if necessary) and agreement of action notes from previous meeting
• Brief notes on each of the discussion points from the agenda
• Outcomes and actions as well as the name of the people responsible for any follow up
• Date/place of next meeting

Conflict management in meetings

There is always the potential for disagreement to arise in meetings. Disagreement and even conflict can be really positive and creative. It’s important to keep the priority on working together toward solutions. Any discussion must remain focused on the facts and the relevant issues. Disagreement and conflict become negative when the focus becomes each other. Always avoid individual people being perceived and described as being problematic, and avoid discussion becoming judgemental (as opposed to facilitating wise judgement).

Drafke (2002) suggests guidelines to help you resolve conflict at meetings (and during other interactions) can include:

• Respecting others;
• working to achieve a positive outcome;
• focusing on the problem, not the person;
• using descriptive, non-judgemental terms;
• being specific;
• focusing on the problem(s) most likely to be solved;
• focusing on a single issue at a time;
• focusing on the subject at hand; and,
• staying positive in your approach.
**Inter-disciplinary team meetings**

Inter-disciplinary team meetings are likely to be the most regular meeting that you attend during your early career. Bokhour (2006) studied communication in inter-disciplinary team meetings and identified the primary goals to be: 'To provide the best patient care possible; to make joint inter-disciplinary decisions; to coordinate care amongst professionals; and, to complete the written treatment plan (the ITP)' (p. 353). The ITP is the inter-disciplinary team plan.

It’s likely that you will be familiar with inter-disciplinary team meetings involving exchanging reports, general client focused/goal orientated discussion and documenting actions plans (this could be in electronic form). During your early career and in the interests of your clients, it is important that you actively develop the skills necessary to contribute positively and effectively during team meetings. Below is a *straight talking* list of ideas you can use as a starting point for your reflection.

- **Giving your report** - report status, goals, interventions and any problems that are relevant to your role within the team - it is useful to have these listed succinctly in writing in preparation for giving your verbal report - you may want to review your list with your supervisor and/or team leader prior to the team meeting - your report must include the most important and relevant points - avoid giving details that are more in the realm of debriefing/gossip unless this information is usual in the meeting - avoid jargon and getting into the habit of overusing stock phrases for each client - if you are not able to attend a meeting and elect to send a written report, seriously consider how you will best serve the interests of your clients even though you are unable to attend - you may have a discussion with a relevant team member prior to the meeting you are unable to attend

- **Collaborative discussion** - team members jointly discuss the specific details of a client’s status, goals, interventions as well as any problems - in the interests of your clients, you need to be positive and assertive in your approach to inter-disciplinary discussion

- **Writing the inter-disciplinary report** - member(s) of the team write the problems, interventions, goals for each client - remember to write SMART goals - (enter 'SMART goals' into your internet search engine if you are not familiar with this approach) - timelines need to be realistic and team members must be accountable (Bokhour, 2006)

Always remember that effective inter-disciplinary team members believe that different disciplines have unique information (including their unique interactions with clients), expertise and perspectives to contribute to decision-making. Effective inter-disciplinary team members also believe that all team members are necessary for decision-making, and that the client's interests are best served by collective, coordinated team decision-making (Bokhour, 2006).
Teams Roles

- Belbin Team Roles www.belbin.com

Health and Human Services Teams


Allied Health Professions


*readings and resources for follow-up - see page 10 for advice about reading INSIDER Link
End of Chapter 5
Communication in my Job

*Communication in my Job* presents information about communication in organisations. *Communicating my Job* underlines each individual's responsibility to maximise their ability to effectively communicate in all the dimensions of their professional role. This section includes some foundation information about the communication process. *Informal and Formal Information Exchange* explores various methods of communication in day-to-day occupational therapy practice. *Information Flow in Organisations* reinforces the impact of organisational structure on the nature of day-to-day communication within organisations (and teams). *ICT (information and communication technology) and OT* highlights the rapid changes in both the way we think about communication and the way we actually communicate. The chapter then has practical guidance about electronic, verbal, written and non-verbal communication in occupational therapy. *Communication in my Job* ends with examples of points to consider when responding effectively to common situations.

Chris, an Early Career OT said: '...you need to know the procedures of the running of the place and that type of thing for you to be able to use your clinical skills and stuff like that. Otherwise you could spend all day drawing up some home mods and finding out who to send it to and not sending it, and it doesn't get done and it carries on...[ J...that was my big thing early on,... [ J...everything just takes so long. It's frustrating and I just wish I knew all these things. So I suppose the advice would be source them out, do the hard yards, find out who's who, where do things go and what the procedures are, because that'll make the transition easier...[ J...Knowing your team, knowing who you're working alongside, knowing who you can go to [at] the next level up, and knowing who holds positions in different areas...'
Communicating my Job

You already value excellence in communication. Your study to qualify as an occupational therapist will have included a significant focus on the complex dimensions of communication. You will understand that the definition of ‘communication’ is not simply an end point at which information is exchanged. Having said that, the purpose of communication in your professional role is commonly to exchange various types of information. In fact, meeting the needs of your clients requires you to effectively exchange information. You are constantly exchanging information with clients, carers, external support services, inter-disciplinary team members, and your occupational therapy colleagues. At the same time, to function effectively as a professional, you are constantly exchanging information with supervisors, administrators, funding bodies, and professional organisations. During your early career, you need to work hard to maximise your ability to effectively exchange information. This will require strategic and reflective thinking about the complex dimensions of communication in your day-to-day practice.

Thinking about effective communication processes

The Fundamentals of Communication according to Nielson (2003) are that:

- Communication has meaning and purpose (p. 298);
- Communication occurs within a context or situation (p. 297);
- There is a reciprocal process (p. 295);
- There are barriers to communication (p. 299);
- There are sending and receiving skills (p. 296);
- There is non-verbal communication (p. 296); and,
- There are gender-based, cultural, and generational differences in communication (p. 301).

Communication is a process and a good understanding of the communication process will impact positively on all dimensions of your professional role. You will be familiar with various complementary models that describe a number of key phases in this communication process. These models commonly begin with an individual who wants to communicate for a purpose. The models end with the receiving party acting in a way that corresponds to the original purpose of the communication. It's important to remember that communication can be disrupted at any phase of the process.

Greenberg and Baron (2003) talk about the potential for noise to disrupt phases of the communication process. Examples of noise could include: The message being poorly expressed (signifying problems at the encoding phase); the message not being understood (signifying a problem with the receiving party decoding the message); the message simply not being focused on by the receiving party. Other examples of noise could also be time pressures, and organisational politics (Greenberg and Baron). Even excessive and/or unsolicited emails (such as spam) could be considered noise that has the potential to disrupt the communication process.

Being familiar with key phases of the communication process does help you to identify where and why disruptions may be occurring in your day-to-day practice. INSIDER Link on page 151 has details of some models of the communication process that you may want to review as you start in your new professional role.
The 'statement' about client records relates directly to communication in your job. During your early career, it can be difficult to manage your time and to balance all the demands of your new role. When there are clients waiting to see you, it can sometimes feel hard to keep on top of your documentation. Nevertheless, keeping satisfactory records and reports is an inescapable and vital component of your work. Further, you have an ethical responsibility to keep clear and concise information. For this reason, it is important to proactively seek advice and support if you have uncertainties about keeping satisfactory client records.

"Keeping Records of Patients and Clients

Occupational therapists shall keep records and reports clearly and concisely for the information of patients and clients, professional colleagues, legal purposes and to record occupational therapy services.' (OT AUSTRALIA, 2001, p. 6)"
Professional people communicate differently
Our communication styles will be different, and sometimes it’s not easy to understand each other in the health and human services workforce. In your professional role, you have a responsibility to be mindful of our differences, and to work toward bridging the gaps in our understanding of each other.

Differences in communication style could result from individual behavioural styles, gender, generation, as well as cultural and linguistic diversity. INSIDER Link on page 151 has examples of ways to understand these differences.

Distinct roles within organisations require different communication styles. People fulfilling administrative roles can have differing communication styles based on their diverse professional backgrounds (for example, accounting, legal, and business). Further, as a group and in line with their roles, the administrators will have a different approach to the health professionals.

Differences in communication style can also be commonly seen between the health professional groups. Each profession has its own language, values, thinking, behaviour and training. Being a good team player involves working positively to bridge some of these inter-professional gaps in understanding (Mandy and Lauw, 2007). The Chapter entitled Inside Teams will further explore communication in teams (see page 109).

Occupational therapists often have lines of responsibility that involve administrators (for holiday requests, professional development applications and performance appraisal) as well as professional (for selection and supervision) and/or clinical colleagues (for outcomes of direct client contact and progress towards team goals). For this reason, it’s important to reflect on the differing communication styles that are optimal for each interaction.

Informal and Formal Information Exchange
Both informal and formal information exchange are a reality in your day-to-day occupational therapy practice no matter where you work. Formal information exchange will be visible to you as it commonly involves structure, scheduling, and/or a clearly expressed purpose in the flow of information within organisations. On the other hand, the full scope of informal information exchange may be hidden to you when you first start in your professional role. To be fully effective in your day-to-day practice you will need to be fully effective in both avenues of communication.

Informal information exchange
Informal information exchanges are generally unstructured and unscheduled. These exchanges are the ‘chats’ that happen in places like shared offices, tea rooms, cafes, corridors, stairs and toilets. These exchanges can be the occasions when you find yourself ‘walking and talking’ with colleagues. Informal information exchanges sometimes happen when you have a formal reason to be with colleagues. Examples could be waiting for meetings to start, travelling in the car together, or sitting next to each other at an educational forum. Informal information exchange can also happen in a social environment with colleagues. This social aspect of work can be inside or outside the workplace. The content and flow of information is influenced by who is invited to specific social events. The give and take of
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Behaviour Expectations for Occupational Therapy Staff in the e-World

We all know that the electronic revolution of the late 20th century has demanded that we ‘re-program’ HOW, WHERE and WHEN we communicate in our day-to-day world (both globally and locally). Translating this electronic revolution to the day-to-day practicalities of the occupational therapy workplace has raised new and unprecedented questions for me as a Manager:

• How long should staff be checking personal emails during paid work time?
• Should staff be scanning the internet for the best deals on weekend flights?
• What is the etiquette for personal mobile phones when the workplace provides staff with landlines, pagers and work mobiles as tools to get the job done?

It’s a challenge to find practical answers for these new questions that keep up with the rapid changes in both technology and social behaviour. So for me, the starting point required some resetting of boundaries around what is REASONABLE and ACCEPTABLE during paid work time.

At St Vincent’s, I drove a collaborative approach to define acceptable staff behaviours in the e-World. I involved all the occupational therapy staff and a senior member of the Human Resources Department. In establishing the “Behaviour Expectations for Occupational Therapy Staff “, I answered questions around the personal use of:

• Internet and emails; as well as,
• Mobile and landline telephones.

The process required establishing what was regarded as reasonable and acceptable during work hours and, then, preparing a document for both existing and new staff members that clearly describes specific behavioural expectations. From this process, we now have answers to questions of communication such as where personal mobile phones are to be located and accessed during paid work time, as well as frequency and use of the internet/email for personal purposes.

Obviously, the day-to-day practicalities of managing the electronic revolution needs to be tailored to each occupational therapy workplace. Having said that; I would encourage all occupational therapists to reflect on their personal boundaries around what is REASONABLE and ACCEPTABLE behaviour during paid work time in the e-World.

RALDA J. BOURNE

*Perspectives written by individual occupational therapists - see page 3 for advice about reading INSIDER View
informal information exchange is not always obvious (Allen, 2001). For example, you might unconsciously and incidentally notice something in someone's pigeonhole or locker, on someone's desk or computer screen. You might overhear a conversation or inadvertently see someone else's documents at a shared printer. You can see by these examples that informal information exchange is likely to be hugely active and hugely influential within your own organisation. Harnessing the positive power of this avenue of communication will have a really positive impact on your practice.

Having said that, you can also see that there are complexities, uncertainties and pitfalls associated with informal information exchange. You can under-recognise the workload associated with informal information exchange (that is, because it is commonly not recorded on statistical timesheets). It can also be unproductive and the amount of time that you dedicate to this avenue of communication can easily escalate. You can also find yourself involved in information exchanges that are negative, unethical and/or unhealthy because the informal (hidden) avenue is more open to feelings, personal opinions and personal needs.

Engaging positively in informal information exchange requires constant reflection not only on your communication skills but also your role in the communication process. Seeking the support and advice of your supervisor, mentor, team leader and/or peers can assist you to navigate through the pitfalls of informal information exchange.

**Formal information exchange**

Many of the formal information exchanges will be obvious to you when you first start a new role, as these help to provide structure and boundaries in your day-to-day work. Formal information exchanges commonly have standards and records. Examples of formal information exchange are case notes, emails, letters, faxes, newsletters and memos. The specific style of each will be tailored to the purpose of the exchange. For example, a client's case notes routinely include abbreviations and jargon known only to the insider of a profession, team and/or organisation. A letter being sent externally about the same client is likely to have these details expressed in full and/or explained. Other documents that represent formal information exchange include mission statements, reports, employee handbook/guides, policies and procedures. In larger organisations, many of these documents will be in digital form located on an intranet. In your day-to-day practice, specific documents that you may need to be familiar with include complaints procedures, incident reports and position descriptions. Formal information exchange happens at team meetings, case conferences, ward rounds and nursing handovers. Administrative and educational meetings are also formal avenues of communication (Allen, 2001).

The structures and standards involved in formal information exchange aim to control and maximise the function of an organisation. 'The informal organisation exists with, and in spite of, the formal organisation' (Drafke, 2002, p. 73). The formal structures can only work to control the organisation to a limited extent given the influence of informal information exchanges on the reality of day-to-day practice. People talk about the Iceberg (or the Volcano) Process, arguing that only the tip of an organisation's information is available (visible and formal), and that the majority of valuable information is unavailable (hidden and informal). Obviously, the Iceberg Process gets its name from the fact that the bulk of an iceberg's mass...
...a lot of our communication is that chatting in the recording rooms, chatting to a physio. They've just seen the patient, what have they said, “Yep, that’s great”. Chatting to the nurses on the wards in my case “What's been happening, what’s going on?” Down in our department you know, “How everyone's day is going?”; who is busy; who is quiet; who can help any other people out...’
Mary, Early Career OT

‘...when I fit into a team, you can sort of pick by what they say, how they say it and just their mannerisms, behaviour, [an idea] of who is playing the roles in that team...’
Cathie, Manager

‘...Good things to help you communicate effectively is to write it down first especially before team meetings. I used to write what I wanted to say down first, and my goals and things, before I went in. And I would run that by my supervisor and get that checked. So I knew what I said was going to make sense, and it wasn’t going to be way out in left field. So it gives you the confidence too. Being confident in yourself and eye contact and the basics...’ Susan, Early Career OT

‘...[we have] quite good internal courses for their staff. And I think they pay for these consultants to come in and it’s around. They have them like every quarter or every six months. I think conflict management is good and it’s quite a neutral forum where you can discuss cases and come up with strategies. I think from senior clinicians and managers to the new grads have gone. And the assertiveness training was quite successful for one of my staff. It just helped her realise where her strengths are versus her weaknesses and that she can probably just hone in and use, I guess, the positive skills that she has in dealing with problem staff that are a little bit aggressive...’ Kirsten, Manager

*word-for-word quotes from interviews - see page 12 for advice about reading INSIDER Talk

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is unseen, under the water (Jones and Jenkins, 2007). Reframing the Iceberg Process as the Volcano Process adds another dimension to the flow of information in organisations. The hidden bulk of the volcano, which is deep under the surface, clearly generates the action that goes on at the tip! Never think that simply because you are less senior within an organisation, that you are powerless within the information flow of the organisation. During your early career, you may want to seek advice about the appropriate and strategic balance of your work divided between informal and formal information exchange.

**Information Flow in Organisations**

The structure and type of organisation (or team) will influence the 'what' and 'how' information is to be exchanged. Different things are important to different organisations, which is why the nature of the exchange of information will differ. For example some organisations will value structured, minuted meetings, while others favour a more casual style of discussion. Once again, to help you understand the nature of your organisation, it's worth having a look at the organisational chart if it is available. Keep in mind that the organisational chart indicates the formal organisation. If you were to chart the informal organisation, the distribution of power may be represented differently.

Organisational structure determines the way that information flows within the organisation. As a general rule, information flow within the organisation is likely to relate to assuring the smooth operation of an organisation. Information that flows to an external agency is more likely to contain positive information (Drafke, 2002; Greenberg and Baron, 2003).

In a traditional health and human services organisation (with for example hierarchical structure), information may flow up, down, and across the organisation. Downward communication is more formal and would generally consist of orders, directives, and instructions from leaders to less senior levels of staff on the organisational chart. Upward flow is from less senior levels of an organisation to the leaders, and could comprise general information/messages and briefings, particularly aimed at providing information to enable leaders to do their jobs by keeping them aware of what is happening at other levels of the organisation. This can be particularly useful in network structures where lines of responsibility, information and resources are shared by a group of services, and leaders need to know how this sharing is working in day-to-day practice. Horizontal information flow across an organisation at the same level is generally less formal and more cooperative. You would observe this lateral flow of information when working in an organisational structure based around a specific service or program (Drafke, 2002; Greenberg and Baron, 2003). In 1995, Burns stated that the 'future appears to lie in semi-autonomous teams with short communication lines, fast feedback loops and proximity to market' (p. 75). This vision of the future is in alignment with current and future trends within the health and human services.

It's important to be proactive about information flow where you work. Check with your supervisor, team leader, and/or mentor what is appropriate to your role. For a start, it is useful to make sure that you get your contact details on any email lists that your organisation uses to disseminate and collect information that is relevant to you.
• What is a new example of the uncertainties surrounding the appropriate use of Information and Communication Technology (ICT) in your day-to-day practice?

• What do you think would happen if you were not permitted to use your personal mobile telephone at work?

• What are the strengths and weaknesses of informal information exchange at your workplace?

How are electronic methods of communication and written methods of communication similar?

How does your own non-verbal communication style affect your ability to get your message heard in your professional life?

What are the potential solutions to concerns about your ability to speak well in public?

*questions to promote critical thinking - see page 14 for advice about reading INSIDER Lead
ICT and OT

Information and Communication Technology (ICT) is increasingly being used in the health and human services. You are in at the ground floor of this exciting and rapidly accelerating development. In a study reported this year, Schaper (2008) found that occupational therapists are positive about ICT though access does vary at present. Occupational therapists use a variety of technologies in the workplace including personal computers (PC); the Internet; CD-ROMs; mobile phones; digital pagers; digital cameras; academic databases; laptop PCs; PDAs; and, telehealth technologies (Schaper). In your professional lives, there will be Wii, Blogs, Wikis, electronic journal submissions, electronic conference registration and, no doubt, countless new technologies. If you want to know more about the current trends, INSIDER Link on page 151 has details of articles about electronic health records and the use of email communications with clients.

ICT offers fantastic advances and efficiencies for occupational therapy practice (for example, digital diagrams for home modifications that you can email to your supervisor for immediate feedback, make necessary revisions, and then email to the council). At the same time, the increasing use of ICT has changed all the 'rules', and does create some points for reflection as you start your new professional role. For example, ICT has further blurred the boundaries between formal and informal information exchange. ICT also continues to change both the nature and the rate of information flow.

Importantly for you in your day-to-day practice, ICT is expanding and evolving the choice of an appropriate method of communication. Your choice of method of communication was once distinctly either written in hard copy or verbal (including non-verbal considerations). Today, ICT has blended and blurred the distinctions. ICT is written communication (for example emails, case notes, blackboards). ICT is verbal communication (for example mobile phone and virtual meeting rooms). ICT is also non-verbal communication (for example video conferencing and tele-health technologies). The following section of the chapter will make distinctions between electronic, verbal, written and non-verbal methods of communication. Some of you will have limited access to ICT in your job at present and these distinctions may be more clear-cut. Others of you, who do have ready access to ICT, will need to remain mindful of the overlap and the practical implications of this overlap in your day-to-day practice. Be aware that your organisation is likely to have policies relating to the use of all methods of communication (electronic, verbal, written and non-verbal) with which you are required to comply. Further, your supervisor, mentor or team leader may have clear views and standards about the use of ICT that could assist you to function effectively in your job. See INSIDER View in this chapter on page 135 for a manager's perspective on the e-world. Moving from being a student into the workplace will require you to review your habits, and it will be worth seeking any advice or support that you need to make the appropriate professional choices.

Electronic Communication in OT

The emphasis of this section will be the use of email as a method of communication. The use of the internet and mobile telephones will also be discussed. Pager systems (both voice paging and digital paging) will not be discussed in detail but these systems are routinely used.
in many health and human services. It is important that you seek ‘straight talking’ advice from your supervisor and/or team leader about the appropriate norms for paging as soon as you start in a position where a paging system is in use.

The use of electronic methods of communication in occupational therapy is evolving. In general, there is less formality and you have more access to other people (including senior people in your organisations with whom, appropriately and practically, you may not otherwise have direct contact). This means that there is potential for wide distribution of information on email lists which results in an increased volume of information flow (often with information, in the form of attachments, coming to you that is not relevant to your day-to-day practice and is not a priority in your role). At the same time, people expect more immediate responses to electronic communication (Allen, 2001). So, generally the use of electronic methods of communication means that you have more information to get through, faster! Below is a ‘straight talking’ list of things to think about when using email in your day-to-day practice.

What’s my approach to email?

- Statutes, regulations, laws, policies and procedures will apply to your use of the Internet - you need to be aware of your responsibility to understand these boundaries
- Investigate whether your employer requires you to sign an agreement about the use of the Internet - if not, you may want to discuss what constitutes appropriate use of the Internet with your supervisor or team leader
- Make sure that you have approved access to the internet (when/where/for what/how long)?
- Clearly determine if there are any specific limitations on the use of Internet - it is appropriate that personal use of email facilities at work may be limited
- Be mindful that violations of your organisation’s email policy could lead to disciplinary action
- Privacy and confidentiality need special consideration when using the email - at a basic level reflect before you forward communication from others without their consent
- Always make sure that you are up-to-date with your organisation’s virus protection procedures
- Become aware if security procedures apply to your email (for example is incoming email held until it is checked by the IT system)
- If you are using equipment supplied by your employer you will need to take special care of these resources - pay extra attention to the security of portable items (in terms of their intrinsic value, their importance for you getting on with your job, and their storage of private and confidential information) - never leave a laptop on view in your car

How will I manage the ‘housekeeping’ of my emails?

- Make sure that you complete the required password set-up and security actions
- Never use another person’s password to access the Internet or receive/transmit an email
- Keep your mailbox like an efficient filing cabinet - create folders so that you can store correspondence - delete emails for which you do not require a traceable record (think about whether you actually need a traceable record for each email you are planning to store)
- keep your Inbox like a short To Do List only - clean up your email storage regularly to free up space
- Remember that even though you delete emails from your own computer, they can still be found on the server
• Consider how often it is appropriate for you to check your email in your professional role - this will depend on the type of environment in which you are working - it might be useful to seek advice from your supervisor, mentor or team leader so that you avoid under-serving or over-serving this method of communication in your day-to-day practice
• Prior to planned leave, make suitable arrangements for your email to be monitored and urgent items processed in your absence - it’s important to check the norms of your organisation with your supervisor - an Out of Office message directing people to the staff covering your role may be all that is required - you will need to consider the management of your email if you need to take unplanned leave

What is important when composing an email?
• It is wise to be professional and polite at all times in your communication with others - remember that anything you write can easily be forwarded on to others (and that they will not have a context for anything that you wrote that is less than professional and polite)
• Generally less formal language is used - it is important for you to consider 'less formal' than what? During your early career, it is best not to make assumptions about the appropriate use of a reduced level of formality
• Email shorthand (for example LOL laughing out loud) may be appropriate for some email recipients but it may be best to take the lead from the recipient rather than initiate this style during your early career
• People do make judgements about the use of Emoticons - again, this may be appropriate for some email recipients but it could be best to take the lead from the recipient rather than initiate this style during your early career
• Be careful not to overuse capitals and exclamation marks
• Even when you know someone well, humour in emails can be misunderstood - be very careful about any media that you forward - photographs and clips are open to interpretation
• Use concise and precise subject headings on your messages
• Consider whether the email message could be entirely contained in the title
• Create a Signature for your professional email that could include your name, position/organisation and contact details
• Consider the recipient’s facilities when you are sending large attachments - the attachment that you send could cause problems for the recipient’s entire system

What should go through my mind before I press send?
• Consider the most efficient method of communication for your given purpose - sometimes it is more efficient to use a verbal method such as telephoning the other party - remember that the appropriate method of communication is a choice you make on each occasion - don’t get into the habit of firing off emails that will clog other people’s Inboxes
• If you have access to shared information environments (for example blackboard) then use them to post your information rather than emailing a long recipient list
• Make sure that your message is relevant to (all of) the people to whom it is addressed - be cautious about using the email to ‘promote’ yourself within an organisation - people are too busy and will be irritated by emails that are not directly related to them
• Beware of hitting the Reply All function - your reply may only need to be directed to the person who sent the email - you may also send information that was not intended for certain
Communication in my Job

The organisation where Tessa works is really proactive when it comes to Information and Communication Technology (ICT). She handles emails, the intranet, virtual meeting rooms, blackboard, digital medical records, along with digital home visit reports and diagrams. Tessa is very comfortable with ICT believing it is excellent for efficiency and she embraces all the options available to her. Lately, as she has taken on more ‘non-clinical’ responsibilities at work, Tessa began noticing that some people don’t reply to her messages. This is a problem because it means that she doesn’t get their ideas and feedback about her ‘non-clinical’ projects. Tessa talked to her Team Leader who suggested that she may need to think about the professional image that she’s conveying. Tessa had always signed off her email and postings with ‘Love’. This was OK at university and on placements. In fact, people had told her that her emails were so ‘Tessa’. It had never occurred to her that she should think about how she might be coming across; that maybe her style was not matching the organisation’s. Tessa starts the review of her image examining the way she signs off emails and postings. She brainstorms the options that she’s seen including ‘Cheers’, ‘Regards’, ‘Best’ and emoticons. When she actually puts her mind to it, there are pro’s and con’s with all of them from Tessa’s point of view. She needs to find something that’s ‘Tessa’ and also fits with the culture of this organisation.
recipients
- Check whether previous messages contained in any email are necessary when forwarding or replying - delete anything that is not vital so that you’re not sending pages and pages of unnecessary content
- Check if your employer has a policy about use of blind copies (Bcc) - some organisations view Bcc as being at conflict with a policy of transparency - think about why it is you feel the need not to be transparent about including another party - some people consider the use of Bcc appropriate and others make personal rules never to use Bcc to avoid risks associated with this lack of transparency in communication - you may want to discuss this with your supervisor, mentor and/or team leader
- Undisclosed recipient lists pose some of the same issues - on the other hand you are equally protecting the privacy of all the email recipients which may be appropriate in some circumstances
- Be very careful about sending emails when you are emotional especially when you are angry - you might want to compose the email and then wait until you are less emotional before you send it - use the Drafts box to give yourself time to think about the situation and your response - read the email again a few hours later - you may now want to modify the email or just not send it at all - an email sent in anger can be very dangerous!

Internet
The use of instant messaging online (for example MSN Web Messenger) and other Internet based social programs (for example Facebook and MySpace) at work can be problematic, and has the potential to result in disciplinary action. You will need to check any relevant policies or guidelines about these technologies with your employer. Loss of productivity as a result of these technologies is something about which employers are keenly aware. To avoid the potential professional pitfalls associated with evolving ICT, it would be useful to discuss the boundaries of what is appropriate behaviour with your supervisor, mentor and/or team leader.

Mobile telephones
Similarly to the Internet, the use of personally owned mobile telephones (including texting) at work is expanding, potentially annoying and problematic. Employers usually have policies or guidelines for the use of telephones supplied by the organisation. Increasingly, employers are putting their attention to the use of personally owned mobile telephones. Below is a 'straight talking' list of things to think about when using your own mobile at work.
- What circumstances make it necessary to carry your personal mobile with you during your work day? - think about the ways in which this behaviour may impact on your productivity, show disrespect to your client and interrupt the work of others
- Is it essential to have your personal mobile turned on during work hours? - are you able to turn on/check your mobile during breaks or simply at the end of the day - replies to telephone and text messages are not always urgent or even immediately required
- If you leave your mobile turned on in your locker or office, does the ringing/missed call alert/message alert impact negatively on the clients of your service and/or the work environment of others
- If it is absolutely vital that you carry your mobile and your employer has agreed to this practice then it is preferable to use silent/meeting/vibration modes
• Consider the appropriateness of your choice of ring tone for your clients and for your work environment - a ring tone that is familiar to you may be distracting, offensive, unprofessional and disrespectful to others - generally keep the volume of your ring tone low
• There is no need to shout when answering your mobile phone in public - if your call is intrusive to people around you then arrange to call the person back when you can find an appropriate place to do so
• Your employer may have rules about the status of mobiles in vehicles - this is extremely serious and obviously you need to abide by the law at all times - if you are not clear on the laws, then it is your responsibility to follow this up

**Verbal Communication in OT**

You will know that occupational therapists place great importance on the effective use of verbal communication in their work with clients. Equally, your capacity to communicate verbally is very important in your broader professional role. Think of the times you are required to use this method of information exchange in team meetings, at family meetings, on home visits, for telephone calls with external agencies and suppliers, not to mention during administrative meetings and performance related interactions such as appraisals. Depending where you work early in your career, you may also be required to make presentations, conduct tours of the facilities, hold meetings with stakeholders, and cover the workload of colleagues in teams with whom you are not familiar. Now is an excellent time to make a personal investment in getting your 'verbal' act together.

The value of verbal methods of communication is well established, yet the immediacy of ICT has made face-to-face verbal communication less practised. Whether face-to-face or as a component of ICT, verbal communication can work well to address controversial, sensitive and/or private information while enabling immediate strategies to confirm everyone understands each other. Verbal communication can also be effective in promoting open discussion especially in groups. It’s important to be aware that personality and emotions are more likely to be involved in verbal methods of communication. It’s also important to be aware that there are risks associated with information being missed, lost, misunderstood or misused because verbal communication does not routinely have a recoverable and traceable copy (Allen, 2001).

As with other forms of communication, it’s very important that you are clear and concise when you speak. Keep your audience in mind when you are thinking about what you will say. Sometimes it will be appropriate to gently lead into your point or to set the scene before making your point. At other times, just getting straight to the point will be most effective. As a general rule, you should aim to be succinct and straightforward in your approach. Having said that, be very careful using abbreviations (and acronyms, that is using the letters of some words to make up another word). Abbreviations can help you to exchange information quickly with people who understand the terms. Abbreviations can also confuse and exclude people who are not familiar with the terms. Some people view the overuse of abbreviations as silly, pretentious, superficial and/or exclusionary. Different environments will have different norms, and it’s important to be mindful of these norms. However, being mindful does not mean that you need to be slavish to trends in verbal expression.
One of the most important things to know about verbal communication is that the actual spoken word is estimated to convey only 7% of the information being exchanged. Tone and modulation of your voice is much more important; and your body language conveys over half the information being exchanged (Drafke, 2002). Later in this chapter, non-verbal communication will be discussed in more detail (see page 148).

The exciting thing about the skills used for verbal methods of communication is that they can be taught and learned. Often we think of ourselves as just not being good at speaking up for ourselves, talking in team meetings, asserting ourselves with colleagues or public speaking. But the great news is that we can all improve. There are structured ways to upgrade your skills in conversational abilities, public speaking and assertiveness. Your employer organisation may have in-house training in these skills and it will be worth discussing the options with your supervisor, mentor and/or team leader. Alternatively, the Council of Adult Education (CAE) regularly runs a variety of courses addressing the skills required for effective verbal communication. There are also membership organisations in the community that work toward increasing the ability of individuals to speak well in public. See INSIDER Link on page 151 for examples of resources available to learn more about verbal communications. So, no matter where you are starting from in your self-assessment of your verbal communication skills, there is the possibility to improve through strategic and consistent activity.

Written Communication in OT

Written communication has in many organisations blended with ICT. Composing and viewing documents via the computer screen rather than on paper is now routine. Database storage in many cases eliminates the need for hard copy documents. Even medico-legal documents like case notes are increasingly in digital form. Nevertheless, there are still some situations when a hard copy is most appropriate (for example a letter announcing an award or a formal expression of appreciation). It is unwise to consider that written methods of communication are being replaced by ICT, as ICT still requires written skills. Writing promotes objectivity and is generally less personal than verbal communication. Written forms of information exchange enable developing, revising and checking complex ideas. So, you do still need skills in written methods of communication in the digital era, and as with verbal communication, you can work toward actively improving your skills in written methods of communication. Talk to your supervisor, mentor and/or team leader about any resources available within your organisation. You could also investigate the options available through the professional associations, tertiary institutions and the CAE. Your early career will be much more enjoyable if you believe that your written communication is effective.

Below is a 'straight talking’ list of things to think about when using written methods of communication in your work.

- The use of digital language in other written methods of communications (for example ‘C U later’) is not preferred in your professional role
- Avoid informal and potentially unprofessional language in letters
- Consider when it is appropriate to use the letterhead of your organisation - do you need to seek permission for the use of letterhead? - it is worth talking to your supervisor about any policies around the use of letterhead and/or logo
Good communication skills are essential for all health professionals. The fundamental problem about defining communication as nothing more than information exchange is that it is only a necessary, but not a sufficient, condition for understanding the complex process of communication’ (Mandy and Louw, 2007, p. 82).

‘Communicating professionally includes showing respect for people, providing sound evidence or arguments to support your proposed or actual actions, and working within the relevant ethical and legal parameters of professional health practice’ (Higgs, McAllister and Sefton, 2008, p. 7).

‘Effective communication, professional identity, complexities of health-care systems, expectations of management and external agencies... all influence the shaping of interprofessional practice in the day-to-day work of teams’ (Jones, 2005, p. 192).

‘...occupational therapy must rise to a new level of sophistication in articulating and demonstrating why our involvement with the complex challenges of daily living in a modern age is so critical’ (Wood, 1998, p. 406).

‘...professionals, while they are able to act expertly, often cannot articulate what their expertise involves. This is especially a problem when professionals must pass on their expertise to others (that is, teach) and explore it further (that is, research)’ (Fish and Coles, 1998, p. 28).
• If you do not have a talent for proof reading, it's best to seek a colleague's assistance - you may be able to offer an equivalent favour within your skill set
• Use the spell check facility on your computer and then 'spell check' this spell check for inappropriate word substitution
• Have the grammar check activated and consider the advice
• Be careful using the thesaurus readily available in your word processing program without due consideration for the subtleties of word substitutions - your writing style can be disadvantaged by a poor choice of synonym
• Ensure that you are using the Australian English versions of the spell and grammar checks

**Non-verbal Communication in OT**

As discussed previously, the non-verbal aspects of your communication can be very powerful and you need to be conscious that your body language and the tone of your voice are congruent with the content of your verbal message. An example of incongruence would be nodding when you are talking about disagreeing with a point. Another example would be covering your mouth with your hand when you are asking for another party's opinion. Non-verbal communication involves physical presentation and characteristics (including your clothes, accessories, jewellery and/or scented products), physical contact, eye contact, facial, hand and body gestures, manoeuvres within a space (like reaching for a glass of water), orientation to others in the space (like where you sit in the room), and postures (Nielson, 2003).

It is very important to be aware of cultural differences in non-verbal communication. What is accepted as being appropriate to one culture may be an offensive behaviour in another (for example there are varying views about the value and appropriateness of handshaking). You should refer to the Cultural and Linguistic Diversity policies and information of your employer to ensure that you understand how to be most effective in your non-verbal communication.

You will have your own complex pattern of non-verbal communication. Remember that your face is the most expressive area for non-verbal communication, especially your eyes (for example simply staring can be interpreted as being aggressive or argumentative). Also keep in mind that your hands are particularly expressive and need to be used consciously (be careful of over gesturing). While much of your non-verbal presentation is unique to you, you can modify and improve this important method of communication. You may wish to seek honest and constructive feedback about your non-verbal presentation from someone you trust (who may also be someone from your professional life).

**Responding in my Job**

During your early career, one of the most demanding aspects of communication in your professional role will be the need to respond, appropriately and sometimes immediately, in a variety of situations. Effective responses don't just happen; they take work! It is important that you reflect and note situations where you see the need to improve your response. Use the resources available to you to explore alternative responses (including discussion with your supervisor, mentor, team leader and/or peers). Below are three examples of common situations that require an appropriate professional response. Each example has points to consider when formulating the preferred action. You can use these examples as you work up
your own effective responses to professional situations. There’s no one-way to record your thoughts. The aim is to get your thinking straight by putting your reflections down on paper. You can see the aim is not to get all your grammar right. Doing a mindmap might work best for you. Practising the response you have formulated with a trusted professional colleague would then be really useful.

An acquaintance from your netball team asks you 'How is my friend Tony doing?'

- You know that you have responsibilities around confidentiality and privacy
- You know that you can’t tell your acquaintance how Tony is doing
- You know that to assure confidentiality you can’t even communicate that Tony is involved with the service
- If you say 'I’m sorry, it’s to do with confidentiality and I can’t talk to you about Tony' then you’ve already given out the information that he is a client of your service
- It’s tricky because in the public domain and in communities who know about each others’ lives, ‘confidentiality’ is respected as a concept but it is so abstract
- Perhaps it’s best not to start this conversation at all
- Most people understand and respect your ‘legal’ requirements as a professional
- Perhaps you could frame your response with an apologetic ‘My hands are always tied “legally” when I get a question like that’
- You can be firm about this response by just repeating it if necessary
- Be careful to use all your communication skills (especially the non-verbals) to assure that you haven’t communicated a rebuke for asking the question

During a weekly team meeting, there is a member of the team who consistently talks over your reports.

- Think about the things that you can do that don’t relate to the 7% of actual spoken word that is being interrupted
- Be strategic about your position in the room - generally you don’t want to be tucked away or in a spot where you are difficult to see (like in front of a bright window) - specifically think about being easily seen (for eye contact) by the person chairing/leading the meeting (or if there is no one formally chairing reflect on the most influential member of the team)
- You want to reflect on ways that you can present your most assertive self (not aggressive or defensive)
- Think about your posture commanding its rightful physical space - avoid hunching away
- Think about making good steady eye contact as you talk
- Modulate the tone and volume of your voice to put emphasis on key messages
- It may also be good to take a list and start your verbal report with a signal that you have a ‘list of 5 points’ to make - this establishes a boundary around your ‘space’ in the meeting

You’re getting lots of unsolicited, forwarded email from a friend from university. You enjoy being in her loop but don’t have time (and don’t think it’s appropriate) at work to look at clips and jokes.

- It’s vital that you control the rate and volume of information flow in your email Inbox
- Really want to stay in the ‘university days’ loop
- Need to weigh up with risks of inappropriate content
- It is making it hard for you to manage your email professionally
- Having these ‘personal’ emails does not reflect the approach that you are taking to email...
at work
• You’re concerned about being in trouble by inadvertently opening something that is against some organisational policy
• Really concerned about being actively shut out of the 'university days' loop
• Concerned that she will tell others that you don’t want to hear from them
• Maybe it’s going to need a direct approach that she can relate to
• Be honest and say that you are concerned about missing out
• Talk about the challenges that you have getting everything done right in your job
• Ask her to put your alternative email address in her contact list and to delete the work one in case you 'get into trouble'
Communication process


Differences


Guides

- Privacy Act 1988 www.comlaw.gov.au

Service organisations

- Business and Professional Women www.bpw.com.au
- Toastmasters www.toastmasters.org

*readings and resources for follow-up - see page 10 for advice about reading INSIDER Link