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CONTINUING PROFESSIONAL DEVELOPMENT IN CHILE: A CASE STUDY

ABSTRACT

Continuing professional development (CPD) helps achieve quality practice founded on sound clinical reasoning and evidence. While CPD is a core component of registration in Anglophone countries, access to high quality CPD may be limited in developing countries. Chile, a developing country graduating an increasing number of occupational therapists, provides a useful case for exploring CPD. Ten paediatric occupational therapists were interviewed regarding their access to CPD.

Findings: CPD in Chile is accessed mainly through available short-term activities that cover a limited range of topics. Informal professional networks are heavily used. As Chilean occupational therapists face barriers accessing research databases and text books, social media is a common source of information.

Conclusions: For developing countries, language barriers can restrict access to professional knowledge and opportunities to participate in global networks and discussions regarding contemporary occupational therapy practice. CPD can be instrumental in promoting research culture and facilitating culturally relevant evidence-informed practice.

KEYWORDS

Occupational therapy; continuing professional development; education; developing countries; Chile

INTRODUCTION

Occupational therapy practice is complex, requiring therapists to make decisions based on sound clinical reasoning (Hoffmann et al., 2013). Competent performance requires critical thinking supported by evidence (Turpin & Higgs, 2013). Engaging in ongoing education further develops professional knowledge (Townsend et al., 2006). Common strategies in a professional development plan are supervision, mentorship, coaching and continuing professional development (CPD) (Alsop, 2013). This paper focuses on CPD.

Professional organizations and networks are important in facilitating CPD. The World Federation of Occupational Therapists (WFOT) provides leadership regarding CPD, defining it as a "life-long learning process, based on best available evidence" (WFOT, 2012). CPD is widely valued and part of the ethical code for occupational therapists globally (Haywood et al., 2013; White, 2005). CPD has been proposed to facilitate service delivery by increasing occupational therapists' knowledge and skills, enabling them to adjust their practice in response to a changing health care system (White, 2005). In addition, CPD can increase therapists' competitiveness for employment, enhance staff retention and improve research capability (Townsend et al., 2006). It can increase the status of the profession and support negotiation for funding of services (McKinstry et al., 2009).

CPD comprises formal training and informal learning (Alsop, 2013). Conferences and workshops, often facilitated by professional associations, are examples of formal training. Informal learning encompasses a wide range of activities including accessing peer-reviewed journal articles (Westcott & Whitcombe, 2012), forming learning teams or partnerships in the workplace (Alsop, 2013), and using information from social media (White et al., 2013), including blogs written by practitioners, students and clients (Bodell et al., 2009; White et al., 2013).

CASE CONTEXT

There is a worldwide movement in occupational therapy to engage in CPD (McKinstry et al., 2009). In Anglophone countries, where professional registration is common, CPD is a core component of registration standards. However, professional regulatory bodies are not yet established in all developing countries. Consequently, practitioners in these countries do not have mandated CPD.

In Chile, occupational therapy education has grown exponentially over the last 15 years, from one university to 18 universities and two vocational training institutes, collectively offering 42 entry level programs across the country (COLTO, 2014), only five of which are approved by the WFOT (WFOT, 2015). No professional registration board exists to oversee the quality of professional practice and mandate CPD.

EXPLORING CPD OF PAEDIATRIC OCCUPATIONAL THERAPISTS IN CHILE

To explore CPD experiences, this paper uses the results from research conducted through an Australian university investigating Chilean paediatric occupational therapists' clinical reasoning more broadly. Paediatrics is a common and important area of occupational therapy practice in Chile (Gomez, 2012).

Interpretive description provided the methodological framework for this study (Thorne, 2016). Participants were 10 occupational therapists who had five months to 30 years of experience (*m*=7.5 years), working in a range of paediatric settings (eg. public hospitals, schools and private rehabilitation centres) in diverse geographical areas (Central area = 6, Southeast and Northeast regions = 2 each), with diverse qualifications (Bachelor degree = 9, Diploma = 4, completing a Master's degree = 1). As there is no national registration body in Chile with a complete database of occupational therapists, the Chilean cultural practice of "backscratching" (Bazoret, 2006) was used, whereby "access to goods and services is based on exchange of favours, through reciprocity and friendship ties" (p. 69). The principal researcher used her professional networks to recruit potential participants. Then, a snowballing approach was used to recruit further participants through the networks of those initially contacted.

Prior to conducting the study, ethics approval from the relevant university ethics committee and informed consent was obtained. In-depth interviews were conducted in Spanish in Chile, either face-to-face or via online platforms for participants living in remote areas. Data were transcribed verbatim in Spanish, then translated into English. Two researchers inductively developed an initial coding strategy (Thorne, 2016), independently coded 20% of the data and then agreed upon the final coding strategy used to code the remaining data.

Interview questions pertaining to CPD related to the training activities that participants undertook, use of mentoring and supervision, and access to scientific knowledge. Findings related to CPD were that: CPD is influential but limited, information is shared through informal professional networks, and access to scientific knowledge is restricted.

Interviews indicated that CPD training was mostly organized by private providers, as the Chilean Association of Occupational Therapists did not offer CPD events. The majority of available training was delivered in the capital city, and all participants, especially those from remote areas, faced significant barriers accessing the available CPD. Six participants had undertaken training and postgraduate studies in other disciplines (such as alternative therapies or social sciences). Participants reported that occupational therapy workshops covered a small number of content areas and were mainly delivered by presenters from Western countries. Participant responses indicated that they broadly applied this content across their client groups. For example, all participants reported using their sensory integration training with a wide range of clients, including those with cerebral palsy, cancer, attachment and behavioural difficulties, intellectual disabilities and autism.

"Even when there are children without Sensory Integration disorders, most of those children get benefit from this approach" (Participant 2).

Training in neurodevelopmental treatment (NDT) was also frequently discussed, consistent with Navarrete's (2013) finding that NDT is the approach most commonly used with children with cerebral palsy (CP) in Chile. However, responses indicated limited access to information and training about the range of evidence-based interventions available. For example, bimanual training, constraint-induced movement therapy and goal directed home programs, which are well supported by current evidence (Novak et al, 2013), were not mentioned by the occupational therapists and not known to some participants, particularly those in regional areas. Nor was occupation-centred practice, an accepted approach in contemporary paediatric occupational therapy (Rodger, 2010).

Professional networks were commonly used to share experiences with peers, through personal communication (phone calls , emails or face-to-face conversations) and the widespread use of social networks platforms. Only four participants reported having access to an occupational therapy mentor. Only one received supervision, which related to a particular intervention approach. Four participants indicated that they seek knowledge from professionals from other disciplines:

"When I need to learn something about patients with physical disabilities, I ask the physical therapists, because they have better management in this area… As I am the only occupational therapist in this hospital, I am learning from my experience working with nurses or doctors….. In my city we are few occupational therapists, and we have a WhatsApp group, so if I have doubts about what to do [with clients], I can also ask some colleagues for help, using WhatsApp" (Participant 7)

Regarding access to scientific knowledge, participant responses indicated limited use of sources such as research databases and textbooks, with exposure to this literature most often occurring at CPD events, as it was shared by presenters. Online resources such as Facebook and blogs were utilized predominantly, in which Spanish speaking authors interpreted and shared information from English language sources, or shared their daily experiences in practice. Participants reported delays in availability of current literature from the worldwide research community. Barriers included lack of access to databases in their work environments (only two participants indicated that they had access), lack of research training, and scarcity of literature published in languages other than English (only 9.5% of the Chilean population speaks English (INE, 2012)). This finding is consistent with Bannigan (2011) who suggested that in occupational therapy globally "English continues to be the language of sciences" (p.5). The following quote identified many of the issues raised by participants:

"*I don't have access to databases, well, the page of [name of webpage of an official body] is available, there they upload notes, information, articles…sometimes we share information via E- mail or WhatsApp, we share information through Facebook too…. The [people]who [have] guided the training for all the Chilean OTs… are the ones who give us the information, but very few articles are translated into Spanish…so I'm a bit limited to understand the information when it comes in another language"(Participant 3)*

LIMITATIONS

This project was exploratory in approach and data collection was limited to single interviews. Results may not represent the experiences of other paediatric therapists working in different settings and regions in Chile.

IMPLICATIONS FOR PRACTICE

Barriers including language and poor access to quality-evaluated information (e.g. peer reviewed) can isolate developing countries from the global occupational therapy network and discussion regarding contemporary practice. The way in which occupational therapists in Chile currently access professional knowledge appears to be culturally consistent as it is based on social and informal professional networks. CPD may play an important role in promoting in developing countries a research culture based on evidence. CPD training could focus on enhancing skills in accessing knowledge from all available sources, for example, searching for literature already published in relevant languages. Research partnerships could strengthen exchange of knowledge with experts in Anglophone countries, for example, through translated presentations. Supporting the generation of local knowledge and research using these strategies could promote culturally relevant evidence informed practice in Chile.

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