

# Clinical decision making in occupational therapy: A scoping review

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# Background


 Clinical decision making (CDM) is at the core of occupational therapy (OT) practice

 Most literature uses biomedical language that does not fully capture key aspects of occupational therapy practice, including illness experiences

 Most studies focus on specific client groups or decision types, limiting broader understanding (Doyle et al., 2014)

 Clinical decision making is often discussed alongside overlapping concepts such as clinical reasoning without clear distinction (Chanzen & Frazen, 2016; Kuipers & McKenna, 2009)

 Common terms like “complex” or “multifaceted” are rarely explained clearly (Kuipers & McKenna, 2009)

 There is limited visibility of occupational therapy practice perspectives from global contexts (Hammell, 2018)

# Rationale



- Lack of conceptual clarity about clinical decision-making in OT
- Clinical decision-making is often conflated with clinical reasoning, with unclear distinctions and relationships between the two (Doyle, Bennett & Gustafsson, 2013)
- Occupational therapists face challenges justifying their unique contributions in the interprofessional space (Ashby et al., 2013)
- Implications for therapists' professional identity and confidence in practice (Mak et al., 2022)

# Study Aims

- To map the existing literature on clinical decision making in order to understand how it has been conceptualized
- To identify the factors that influence it across practice settings

# Methods

## Scoping review

Arksey and O'Malley's (2002) and Levac et al.'s (2010) methodological frameworks

1. Identifying the research question
2. Identifying relevant studies
3. Study selection
4. Charting the data
5. Collating, summarizing and reporting

# Results:

## Numerical Analysis

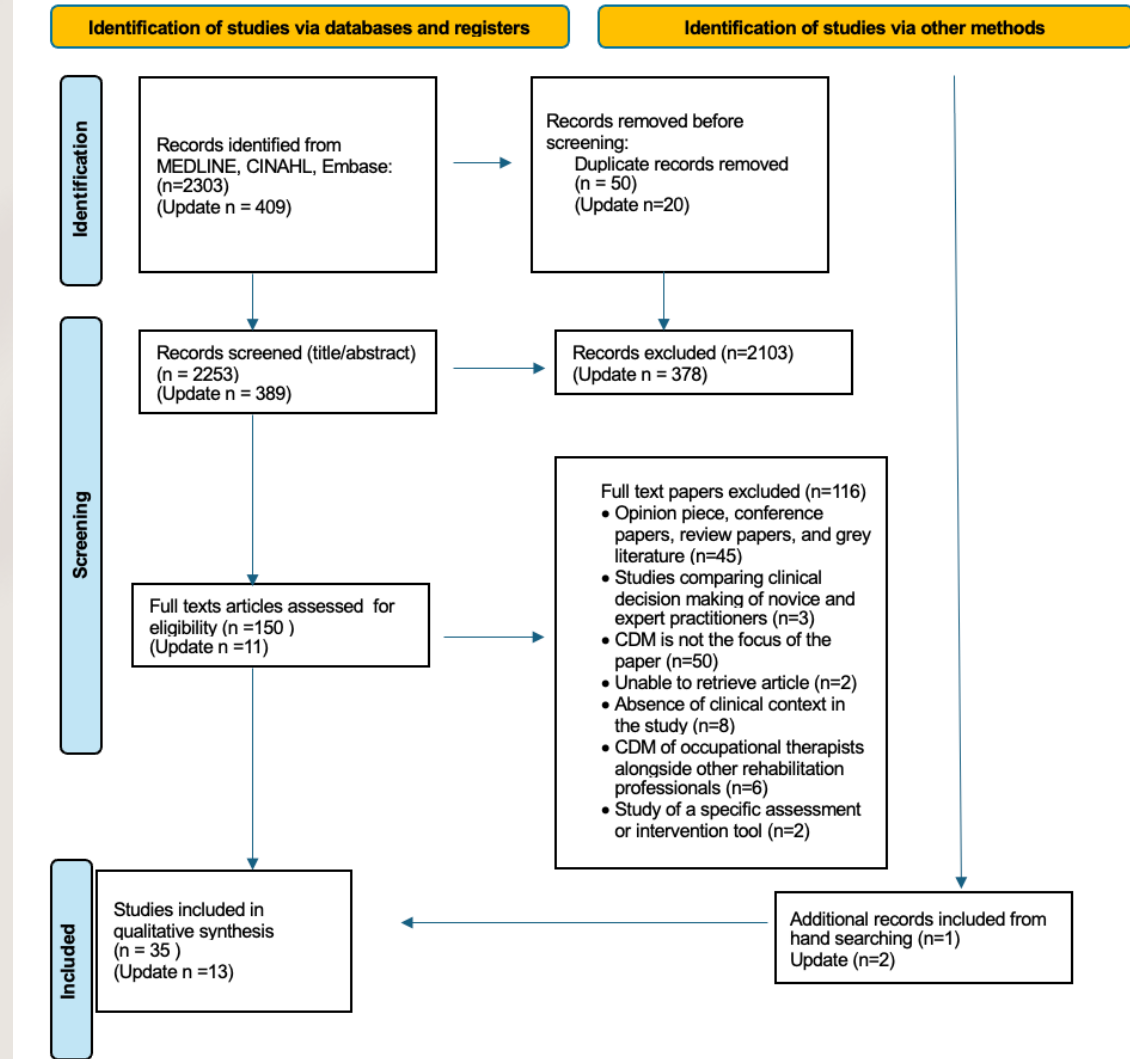
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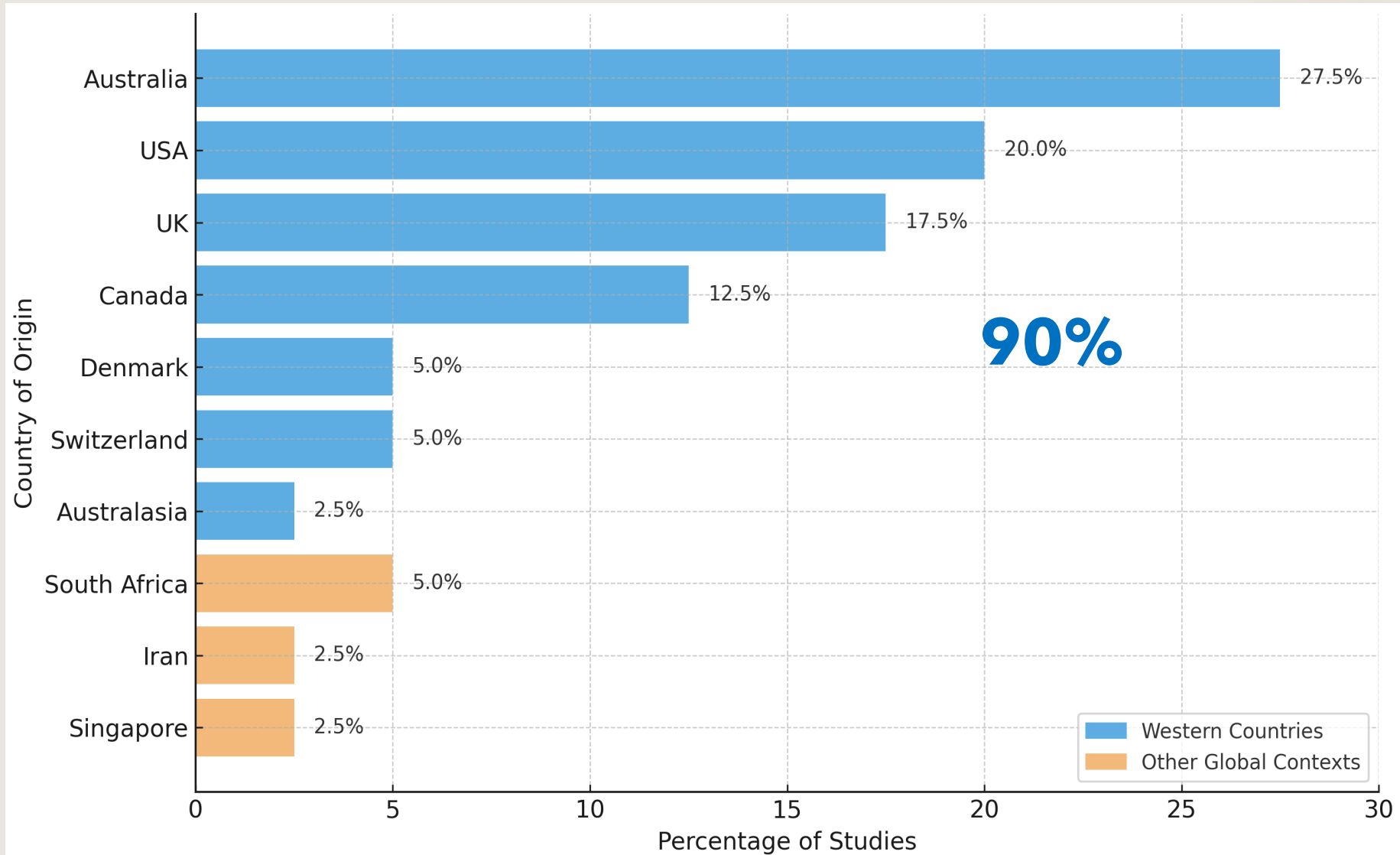
N= 20 published - 2010 and 2019



Qualitative methodologies (n=38),  
Quantitative designs (n=8)  
Mixed Methods (n=2)

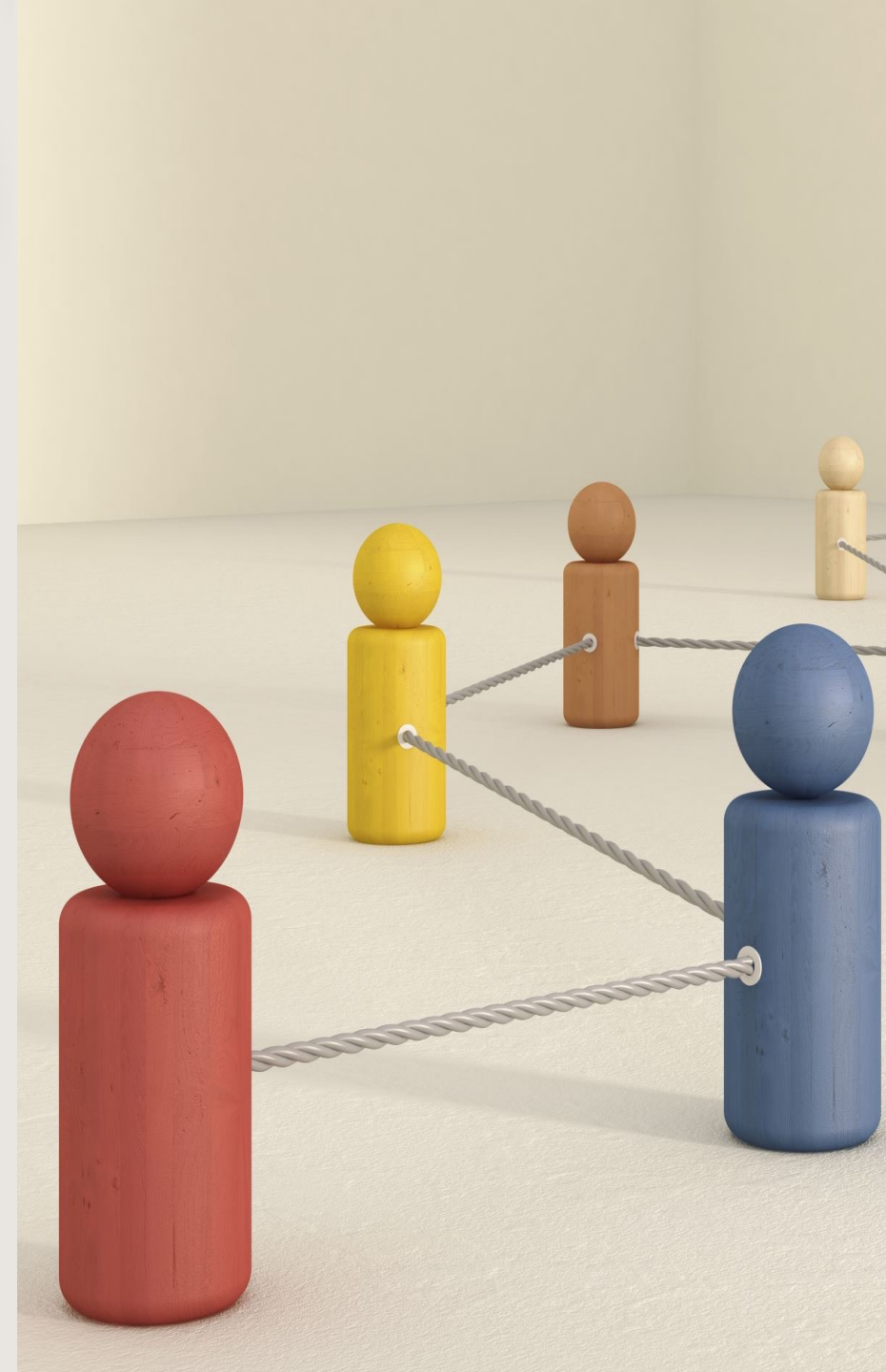


# Country of Origin



# Themes

- Thematic analysis using an iterative and dynamic process (Braun and Clarke, 2006)
- Five themes:
  1. Clinical decision making as dynamic and situated
  2. Clinical decision making as oriented towards action and outcomes
  3. Core processes of clinical decision making
  4. Uncertainty in clinical decision making
  5. Influences on clinical decision making



# Theme 1

## CDM as dynamic and situated

### Subthemes

- Situated within context (dynamic, situation specific)
- Responsive to individual patients (unique interests, preferences)

*“Every person is different and that’s a problem.” (Kuipers & McKenna, 2009)*

*“Selecting activities that matched each child’s unique interests helped to motivate and maintain a connection with that child.” (Copley, Turpin & King, 2010)*

# Theme 2

## CDM as oriented towards action and outcomes

### Subthemes

- Tangible actions (e.g., choosing assessment tools, prescribing a device)
- Facilitated through strategies and frameworks (humour, story telling, theoretical models)

*"A meaningful treatment session involves multiple decisions like deciding when to begin intervention, adjusting activities to provide the 'just right challenge', motivating the patient, creating transition between activities, deciding when to discontinue." (Creighton et al., 1994)*

*"During therapy, I use humour...to stimulate participation...as people with dementia react well with humour." (Schuhmacher, Andresen & Fallahpour, 2022)*

# Theme 3

## Core processes of CDM

### Subthemes

- Clinical reasoning as a central cognitive process
- Tacit knowledge as intuitive, embodied ways of thinking
- Clinical judgement enabling appropriate clinical choices

*“Clinical reasoning is the overarching thinking process used by occupational therapists throughout practice.” (Copley et al., 2008)*

*“The tacit nature of intuition allows a wealth of knowledge to be called on unconsciously and decisions to be made rapidly.” (Newson, 2024)*

# Theme 4

## Uncertainty in CDM

### Subthemes

- Uncertainty arises from knowledge gaps, clinical complexity
- Leads to variability in decisions
- Challenges confidence in clinical choices

*“Despite the evident safety issues, Bill’s (patient) family informed Mathew (OT) that anybody can buy a scooter, so we do not care what you recommend.” (Maywald & Stanley, 2015)*

*“Uncertainty is expressed through tentative language - e.g., ‘I do not know’, ‘maybe my theory is a bit wrong’.” (Chazen & Franzsen, 2016)*

# Theme 5

## Influences on CDM

### Subthemes

- Patient related factors (diagnosis, values, learning styles)
- Therapist related factors (knowledge, experience, personal attributes)
- Contextual factors (organizational, policy/ system level factors, cultural and geographical influences)

*"Patients says to OT, 'You are such a young girl...you do not even do housework...how are you going to tell me...while I am a full-time housewife.'" (Cheung et al., 2017)*

*"Use of low-tech splints such as bottles or soft ball for positioning...when patient attending weekly occupational therapy...is unrealistic in many South African contexts." (Chazen & Franzsen, 2016)*

# Discussion



CDM becomes visible in action



Decisions unfold through situated, relational and diverse actions



Actions evolve as clinical situation shifts and uncertainties emerge.



Cultural and geographical contexts play a central role in shaping actions, often through clinicians' tacit professional know-how



Expanding research beyond dominant contexts is essential to develop more inclusive, practice-relevant understandings of CDM and to strengthen professional identity in OT



These insights may inform OT education and fieldwork training by encouraging openness to variability in decision-making

# Thank you

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