

Opinion: Blended Learning in Deliberate and Retrieval Practice for Occupational Therapy Students

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During COVID-19 online and onsite education seemed to be challenging for occupational therapy students. Spoon-feeding style of teaching remains a part of higher education in both online and onsite blended learning. However, the focused mode of learning is a separation in the neuronal pathway from the diffuse mode of learning [2]. Adult learning requires consideration of self-reading with retrieval practice at least 20 times in order to gain long-term memorable application during lifelong education. Consequently, creative flexibility of thought enables a new way of implacable process in practical solutions under different complications or realistic problems [2,3].

Self-care is the world care in regard to how to enhance non-technical skills for self-development in leadership, especially for agile and empathetic types [3]. Moreover, a growth mindset is the most important strategy across the lifespan to gain a resilience skill to upgrade your learning capacity for achieving eustress and compassion engagement at an optimized level [4]. The occupational formulation has been taught as an example of the thinking process that emerged by integrating professional theories, concepts, and clinical reasoning [5]. There is a three-part of narrative and empathetic rapport to the case formulation report: occupational influences, occupational presentation, and occupational focus [5].

To set as a routine to research (R2R) in occupational therapy education, collaborative engagement strategies were contributed using design thinking and team-teaching methods for all three subjects as blended learning i.e. online and onsite deliberate practice of psychosocial occupational therapy (DPOT), fieldwork practicum, and retrieval practice of clinical reasoning (RPCR). However, the team teaching has adopted an assessment tool consisting of 26 items [1] called 'reflective reasoning for occupational formulation (RROF)'. This educational research was attempted in the 3rd year students and found that the RROF's internal consistency with 0.876 after the DPOT and 0.891 after their 7-week fieldwork and the RPCR. Moderate correlation ($r = .464$, $p = .001$) of construct validity was significantly found in online scores and the RROF scores after the RPCR. Importantly. Its items #1 [successful questioning], #2 [questioning techniques to guide self-learning and teamwork] and #25 [decision making to provide clinical services] of the RROF were improved but item #16 [ability to work with uncertain things] was decreased indicating discriminative validity. Thus, both deliberate and retrieval practices need further implications including somehow calming and clearing our minds to focus underlying the DPOT as well as knowledge translation from our insightful generalization upon the RPCR. For application, different case formulations based on facts and social responsibility even past learning experiences increased with age, and our crystallized intelligence will be accumulating activated occupational competency or leveraging causes and seamless implementation with the well-being of SMART occupational therapists; an acronym for Self-Motivation Active Role Transformation.

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