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Abstract

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Keywords

Advocacy, situated cognition, occupational therapy education, self-directed learning

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Situated Cognition and Self-Directed Learning: Pedagogical Approaches to Developing Skills in Advocacy

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ABSTRACT

Advocacy for clients and the profession are important aspects of occupational therapy practice. Accreditation requirements for educational programs demand students are taught about advocacy. However, effective methods of teaching advocacy to future occupational therapy practitioners have not been widely studied. This article aims to highlight the use of situated cognition and self-directed learning in developing advocacy skills among occupational therapy students. Pre and post-test scores of the *Advocacy Competencies Self-Assessment Survey* obtained from 39 students were examined for changes in perception of personal advocacy skills and beliefs associated with a required advocacy course. Statistically significant improvement was noted across all items and domains. To facilitate this change, students applied the principles of situated cognition to a project in which they advocated for a real issue important to the profession of occupational therapy. Students also applied the principles of self-directed learning as they worked through the advocacy process toward anticipated outcomes. Situated cognition and self-directed learning theories support authentic learning and transformation around advocacy.

When healthcare services provided to individuals, families, communities, or populations are in question, practitioners can take advocacy actions that are defined as “speaking in favor of; recommending or arguing for a cause; or supporting, defending, or pleading on the behalf of others” (Alliance for Justice, n.d). These advocacy actions (or advocacy) can occur at different levels. Jansson (2011) outlines two levels: case (consumers/clients served by the healthcare system) and profession/policy (organizational or governmental practices that influence health service delivery). Many students and

practitioners are familiar with case advocacy and can see themselves engaging at this level in a variety of ways. They may advocate for the client in obtaining extra visits from an insurance provider, support the formulation of certain types of services to meet client needs, or aid a client to have an optimal discharge plan. Professional and policy advocacy are directed toward problematic policies and practices such as reimbursement policies which focus on volume versus quality of care or determining sizes of caseloads for practitioners that lead to poor client outcomes. Political advocacy (a type of policy advocacy and targeted toward legislation) is using information, including statistics, messaging, and relationships, to influence public policy to achieve the desired outcome (Healthcare Information and Management Systems Society, 2017). Although there is a common belief that client advocacy is important, there is limited evidence to suggest that occupational therapy practitioners go beyond client advocacy to understand and participate in active advocacy campaigns at the professional and policy levels (Schmidt et al., 2020).

Advocacy Education in Occupational Therapy Curricula

The American Occupational Therapy Association (AOTA) outlines the impact of policy on the profession of occupational therapy and the need for advocacy for issues related to types of practice, reimbursement, and the future of the profession (AOTA, 2018; Stover, 2016). In the *Occupational Therapy Practice Framework, Domain & Process (OTPF)*, 4th edition, advocacy is a type of occupational therapy intervention, and the desired outcome is occupational justice and resource utilization for clients (AOTA, 2020). Given the importance of all levels of advocacy to the profession, occupational therapy programs must effectively teach advocacy skills to support continued advocacy as a professional. Advocacy education is required by the accreditation standards of the *Accreditation Council for Occupational Therapy Education (ACOTE) Standards and Interpretive Guide* (2018). Specifically, standard B.5.1 refers to analyzing context factors that impact occupational therapy services; B.5.2 refers to advocating for different service delivery models to address societal needs; and B.5.4 refers to evaluating state and national level legislation that impact practice. In the process of addressing these standards in curricula, students learn about a variety of advocacy actions. Advocacy at all levels includes meeting with administrators, state, and federal representatives, serving on non-profit boards or committees, and raising money, among other activities (AOTA, 2020). Advocacy also plays an important role in the translation of research into the development of health policy (Chapman, 2001; Liller et al., 2020). Both ACOTE and the OTPF identify the term advocacy, so it remains clear that the profession values it and that it is critical for students to develop both understanding and skill competence in entry level education; however, there is minimal research on best practices in teaching advocacy skills in occupational therapy education.

Pedagogy for Teaching Advocacy

Two pedagogical approaches were selected to frame an advocacy assignment in an occupational therapy curriculum with the intention of contributing to the determination of best practices for teaching advocacy skills to graduate occupational therapy students. The theory of situated cognition views knowledge development as an intersection of activity, context, and culture (Brown et al., 1989). Cognition is “situated” because it is

embedded in an experience and/or process (Durning & Artino, 2011) and thereby, takes on a higher level of authenticity. Learning is shaped by the culture and community in which activities take place (Brown et al., 1989). It is believed that concepts are developed through the cumulative wisdom of the community which is created by the experiences and insights of the individuals within the community. In this theory, concepts are best understood in the context of activity and culture with all aspects being interdependent (Brown et al., 1989). Although the concepts of advocacy can be taught in a didactic fashion, a true comprehension of the process and implications of advocacy requires a shared community in which the culture of that community defines the roles and actions of the individuals (Brown et al., 1989). By incorporating the specific constructs of this theory, increased knowledge and clinical reasoning can be enhanced (Gieselmann et al., 2000; Onda, 2012; Zheng, 2010).

Self-directed learning is a complimentary pedagogical approach used in conjunction with situating cognition in an authentic context. It can be described as "a process in which individuals take the initiative without the help of others in diagnosing their learning needs, formulating goals, identifying human and material resources, and evaluating learning outcomes" (Knowles, 1975, p. 18). This process was implemented with the advocacy assignment and compliments situated cognition in those aspects that require students to shift their thinking based on what occurs in the context or situation. The shift in thinking empowers students to be self-directed in modifying plans in a timely manner, without being prompted to do so to obtain the best advocacy outcomes.

The purpose of this paper is to outline two pedagogical approaches (situated cognition and self-directed learning) utilized to teach advocacy skills and present findings on the effectiveness of the approaches. In using situated cognition as one pedagogical lens, the authors aimed to build a community for advocacy that enhanced student understanding and participation in advocacy and its importance to the field of occupational therapy. By embedding self-directed learning, students can be empowered to continue applying their advocacy skills after graduation in all levels of advocacy.

Background

Healthcare Advocacy Education Methods

Other health-related fields have described methods to enhance students' comfort and competence in performing advocacy activities. In 2017, Staebler et al. uncovered perceived barriers in the provision of advocacy education among nursing faculty including, administrative priority, faculty engagement, student interest, faculty expertise, and perceived relevance. These findings provide a glimpse into the underrepresentation of this content in health professions education and research. Kilbane et al. (2014) utilized a case-based approach to teaching advocacy to graduate-level social work students. The authors provided didactic education surrounding legislation that could impact the practice of social work. Students were then given case examples and asked to discuss the potential impacts of the legislation. Upon completion of the educational session, students attended their state's advocacy week and met with

legislators. Students who participated in the case-based learning demonstrated a greater understanding of the importance of advocacy for clinical professionals (Kilbane et al., 2014). Similarly, Hearne (2008) described an advocacy class based on case studies and simulated advocacy events. According to the findings, 84% of students rated the course as excellent in enhancing their advocacy skills and knowledge.

Some studies did not offer explicit outcomes or clearly defined instructional or research procedures. For example, the use of intensive writing to enhance student understanding of advocacy was used by Galer-Unti and Tappe (2006) to promote written advocacy skills, but the benefits of this technique were not measured. Mcpherson et al. (2012) described the use of didactic instruction and hands-on activities, although not clearly defined, to enhance advocacy in healthcare practitioners related to childhood obesity. While the participants reported plans to incorporate this training into practice, follow-up data was not provided.

One study addressed a more active way of teaching advocacy. Bliss and Harris (2014) outlined a research-driven, performance-based approach in teaching advocacy. In this study, students were required to research an advocacy topic and complete an advocacy activity. The authors determined that students who participated in authentic activities that related to their work, or their personal communities had more successful advocacy results than those whose advocacy projects did not have authentic meaning for them. Alpers et al. (2009) placed nursing students in small groups to select an advocacy project, complete a literature review, and identify an audience for their advocacy. Throughout the project, the students presented their progress to the larger group for feedback. Upon completion of the course, students reported an increased understanding of the political process and an increased motivation to become more involved with professional organizations (Alpers et al., 2009). These active instructional techniques illustrate some aspects of the situated cognition approach as each positioned learning about advocacy around real issues.

Description of Advocacy Course and Assignment

Throughout a required course, students participated in didactic and active learning tasks that focused on professional advocacy and current issues facing occupational therapy. They were asked to apply concepts and ideas to their self-selected targeted advocacy project. Each small group had one formal meeting with the instructor to discuss their plans and then informal meetings as needed. Figure 1 depicts the instructional process incorporating situated cognition and self-directed learning.

Project Activities

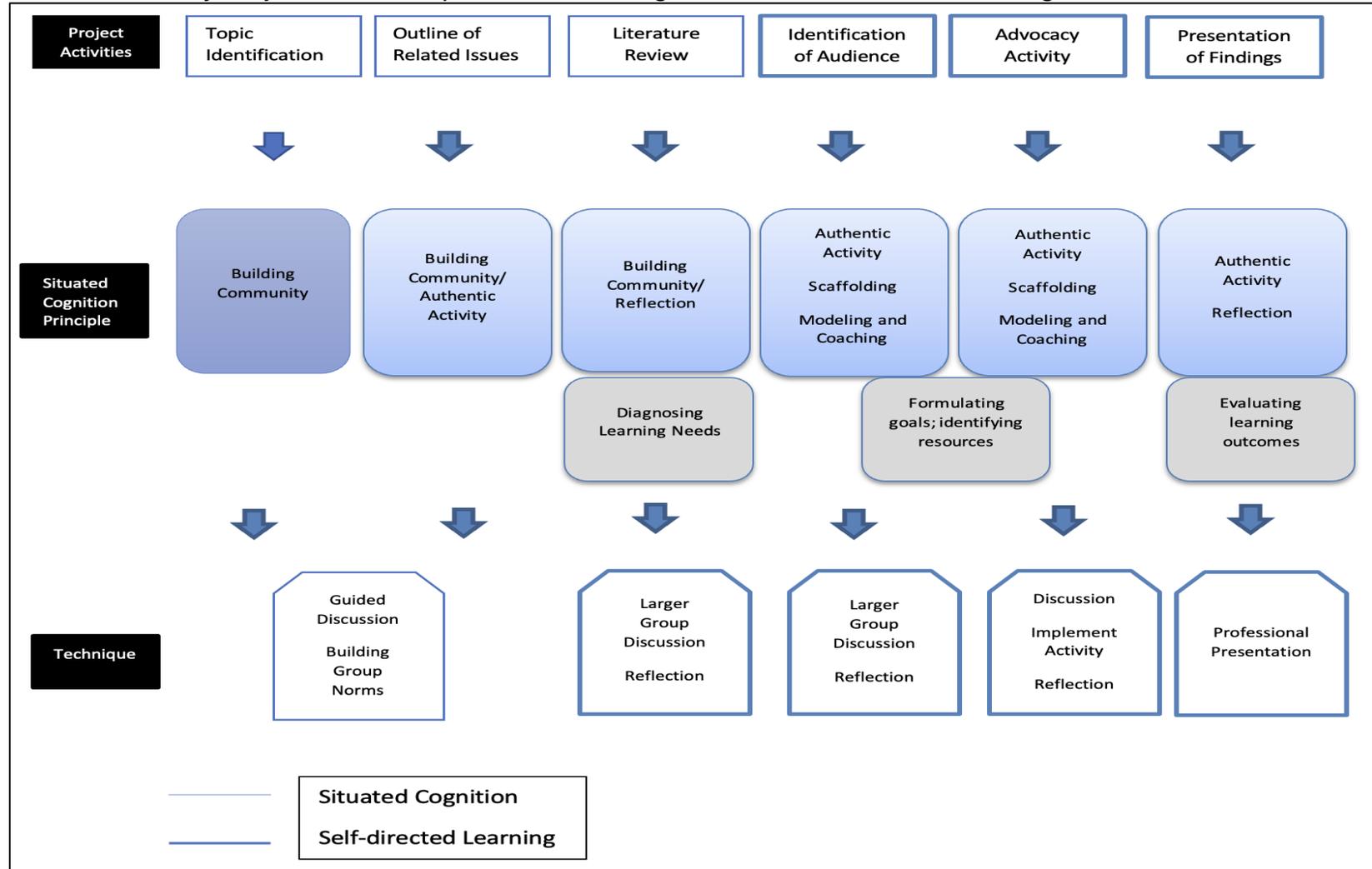
Each step of the advocacy assignment was associated with a construct from the situated cognition process and an instructional method. Aspects of self-directed learning were more evident during certain project activities. The project activities, theoretical constructs, and instructional methods are outlined below.

Building Community. The first project activities were selecting a topic, determining related issues, and completing a literature search. Situated cognition was seen in how students created communities of practice (Hung et al., 2004) with their classmates after facilitated discussion and shared decision-making to select a topic on which to focus their advocacy efforts that were meaningful to the whole group (e.g., disability awareness, accessible playgrounds). Once the topic was identified and didactic instruction on the advocacy process was provided, a faculty-led brainstorming (guided class discussion) session took place in which the students worked to identify avenues (related issues) pertinent to their advocacy topic from the viewpoints of various stakeholders. Students then used group process to ensure avenues were targeted that best matched students' interest areas. Once the avenues were delegated, students worked with partners to identify a specific advocacy issue, outline related issues, and contact stakeholders to obtain more information. Students built their community by sharing background information located through the literature search or from stakeholder contact. Students applied aspects of self-directed learning during these project activities (identifying their own learning needs, resources, and evaluating their own outcomes).

Scaffolding. Once students identified a topic, specific advocacy issue, and researched the issue, they needed to identify a target audience and create an advocacy activity plan. The next element in the situated cognition framework is scaffolding, which is the process of analyzing current skill levels and organizing activities to advance the student to the next level of learning (Brown et al., 1989). Through the completion of a literature review, students used self-directed learning to identify the most pertinent information they needed to best support their advocacy efforts. They shared information to help narrow down their efforts through facilitated conversation. Instructors were able to provide feedback as students generated strategies. For example, students needed some assistance in identifying appropriate stakeholders; those who would actually have some power or influence on an issue. While students developed skills and knowledge in the literature review process and summarizing data to obtain background information, none had yet applied that knowledge to real advocacy activities, such as identifying the literature that could be best used to promote a particular position with a particular audience for their advocacy efforts. Students participated in this recursive process of obtaining information, evaluating it, and obtaining additional information to help them prepare their best argument for the targeted issue. This process illustrates how student experiences were scaffolded to allow them to reach intended advocacy outcomes. They used self-directed learning to examine multiple sources of information to obtain comprehensive knowledge on the subject to be best prepared for their advocacy and create realistic goals.

Figure 1

Phases of Advocacy Project and Concepts of Situated Cognition and Self-Directed Learning



(Bredo, 1994; Knowles, 1975)

Authentic Activities. Implementing the advocacy activity was less structured and was designed to facilitate self-direction in the evaluation and implementation of their plans. Course instructors used discussion to aid students during this process. An important aspect of situated cognition is the incorporation of authentic activities into the learning process (Brown et al., 1989). Authentic activities are tasks that provide real life experiences of professional practice. Students were presented with ill-defined problems with multiple potential solutions that required them to define the tasks and sub-tasks that were required to solve the problem. Students had the opportunity to collaborate and began to differentiate between what was relevant and irrelevant in order to solve the problem (Brown et al., 1989). Throughout the process of the advocacy assignment, students participated in an authentic activity that offered many opportunities to be self-directed in their advocacy efforts when initial plans needed to be modified. For example, when communication with an identified stakeholder was not fruitful, students needed to examine the reason and revise their approach. These revisions were discussed and approved by the instructors as they progressed. This kind of experience could not be obtained from a paper case or through intensive writing assignments.

Modeling and Coaching. Modeling and coaching in situated cognition occurred during the project activities that required students to target an audience, create a plan, and implement their advocacy plan. Students were coached in small groups on the development of realistic goals. Many students held the belief that an alternative viewpoint on an issue would be accepted by stakeholders and actions would result. They were disheartened when their ideas were not readily received. Instructors modeled responses and coached students on ways to evaluate their goals and outcomes. Although modeling and coaching are part of situated cognition and took place throughout the completion of the project, students were prompted to rely on their own ability to use professional behaviors and critical thinking to implement their advocacy plan. Modeling is utilized when students lack a working knowledge of the required task and a teacher demonstrates knowledge and strategies (Brown et al., 1989). This technique provided students the opportunity to build a conceptual model of the actions required to complete the task. For example, the instructor modeled how to develop an advocacy plan from conception to conclusion which was reviewed in class and saved for student reference. Coaching was then utilized to advance students' problem-solving skills around audience and stakeholder identification. Coaching is when a teacher encourages students as they engage in an activity (Brown et al., 1989). Students provided frequent updates during scheduled meetings with the instructor on their advocacy implementation. The students were positively supported with any movement forward on their project and encouraged to be persistent and follow-up with their efforts. Students were also supported when advocacy efforts failed and needed re-alignment. For example, when email communication failed, students were asked to make a phone call or a visit to speak with a stakeholder directly.

Reflection. The final project activity involved reflecting upon and evaluating the success of the advocacy efforts. Reflection is a time when students can step away from their work and be critical (Onda, 2012). It is the final step in the situated cognition framework and correlates with the evaluation piece of self-directed learning. Reflection was utilized

throughout the assignment as students were required to discuss, in small groups and as the larger whole, how their findings related to the advancement of occupational therapy and/or supported the clients that occupational therapy serves. Students submitted a written reflection that contained an analysis of the strengths and weaknesses of their advocacy efforts and future steps to take pertaining to the advocacy issue.

Assessment

In this mixed methods design, survey data and responses from written reflections on the assignment were used to measure changes in perceptions of advocacy skills and beliefs. At the start of the semester, 41 occupational therapy master's level students were asked to complete a pre-test, the *Advocacy Competencies Self-Assessment Survey* (ACSA; Ratts & Ford, 2010), to provide a baseline of their perceptions on advocacy. This survey was designed for counseling students studying social justice issues. Because there is no survey specific to occupational therapy, permission was sought and granted to modify the survey to apply to occupational therapy contexts more directly. This primarily involved substituting references to counseling for occupational therapy, not impacting the integrity of the items. The ACSA was found to have high internal consistency ($r = .93$); however, the six domains were not strongly supported in a confirmatory factor analysis conducted by Bvunzawabaya (2012). Despite this limitation in the instrument, the authors implemented its use in the class due to the unavailability of another appropriate instrument. Likert scale items on the survey measuring levels of agreement are scored into six domains based on the *American Counseling Association's* list of competencies for counseling professionals and address the student's level of participation (empowerment, collaboration, and public information) and levels of intervention (client, systems, political) (Toporek & Daniels, 2018). Table 1 provides a sample of items for each domain.

An overall score of 120 points could be obtained but domain scores could also be viewed to identify areas of strength and those in need of improvement. Overall scores of 69 and below indicated a need for training in one or more domains; scores of 70 - 99 indicated that competency was obtained in some domains and not others; and scores of 100 or greater indicated perceived competency across all domains (Ratts & Ford, 2010). At the end of the semester, 39 of the 41 students completed the post-test of the ACSA. A paired t-test was performed to note any significant changes in students' scores.

Students were asked to independently write a two-page reflection at the completion of the advocacy activity assignment. Specifically, the instructions were to reflect on advocacy efforts/outcomes identifying areas of improvement and areas of strength and future steps to be taken in continuing to advocate for the issue. The results of the pre/post administration of the ACSA and the qualitative comments from the reflections were analyzed for any changes in perception about advocacy for the client, profession, or policy levels.

Table 1*Sample Items from Advocacy Competencies Self-Assessment Survey (ACSA)**

Domain	Sample Items
Client/Student Empowerment	It is difficult for me to identify whether social, political and economic conditions affect client/student development. I help clients/students identify external barriers that affect their development.
Community Collaboration	I identify strengths and resources that community members bring to the process of systems change. I assess my effectiveness when interacting with community and school groups.
Public Information	I am able to identify and collaborate with other professionals who are involved with disseminating public information.
Client/Student Advocacy	I am comfortable with negotiating for relevant services on behalf of client/students. I am skilled at helping clients/students gain access to needed resources.
Systems Advocacy	I use data to demonstrate urgency for systemic change. I am comfortable developing an action plan to make systems changes.
Social/Political Advocacy	I assess the effectiveness of my advocacy efforts on systems and its constituents.

*Adapted with permission from Ratts & Ford, 2010

Results

Thirty-nine of the 41 students completed the post-test. Data from the paired t-test for the 39 students demonstrated that there was a greater perceived understanding of the advocacy process and the importance of advocacy in advancing occupational therapy practice. Statistically significant differences were observed in all domains and overall scores on the ACSA ($p < .001$) (see Table 2). Overall scores improved from needing to address multiple domains to becoming more competent in some domains with growth needed in others (overall pre-test score $M = 48.68$ ($SD = 18.53$); post-test score $M = 83.03$ ($SD = 17.03$)). The domain illustrating the most improvement was in systems advocacy (pre-test score $M = 5.80$ ($SD = 4.26$); post-test score $M = 13.08$ ($SD = 3.61$)). This finding was particularly encouraging as it indicates an increased awareness of administrative and policy level advocacy.

Table 2*Pre-Post Test Statistical Analysis*

	Pre-test (n=41)		Post-test (n=39)		t(78)	p	95% CI	
	M	SD	M	SD			LL	UL
Client/Student Empowerment	10.63	4.06	14.31	3.88	-4.13	<.001	-5.44	-1.90
Community Collaboration	10.54	3.95	14.87	2.78	-5.65	<.001	-5.86	-2.81
Public Information	6.63	3.20	13.49	4.30	-8.11	<.001	-8.54	-5.17
Client/Student Advocacy	9.22	3.49	15.38	2.94	-8.52	<.001	-7.61	-4.72
Systems Advocacy	5.80	4.26	13.08	3.61	-8.22	<.001	-9.03	-5.51
Social/Political Advocacy	5.56	3.83	11.64	4.81	-6.27	<.001	-8.01	-4.15
Overall Total Score	48.68	18.53	83.03	17.03	-8.62	<.001	-42.28	-26.41

Content analysis of qualitative comments from students was conducted with the goal of supporting the quantitative data from the survey and to determine any commonalities among students about engaging in the advocacy activity as well as any outliers that provided alternate perspectives on advocacy. Student reflections illustrated a transformation from being a novice advocate to being a more powerful advocate with the ability to communicate with a variety of stakeholders using persuasive language and persistence. Many significant outcomes resulted from their advocacy, from local changes to state-level policy changes which likely influenced the positive change in perceptions of advocacy. For example, in advocating for improved awareness of disability and impact on participation, one student group advocated that additional outdoor seating be made available for those with physical disabilities and who need to wait for public transportation. Through the advocacy efforts of the students, new seating was recognized by administrators as an access issue and the recommended seating was installed.

The main commonality among the qualitative comments was related to the idea of empowerment. The students felt empowered by the opportunity to have their voices heard and to participate in activities they found meaningful and important. One student reflected, "At the beginning of this project, I did not believe that my efforts of advocating would amount to much, however I was proven wrong." Likewise, another student stated, "The process of identifying powerful stakeholders, researching, and drafting a letter made me realize that it is easier to participate in advocacy activities than I originally thought." Other students said they would continue with advocacy efforts throughout their careers. One student stated: "Writing this letter to [the Governor] empowers me to

continue reaching out to legislators and politicians who have a seat at the table for big decisions to advocate for our profession and clients.” Another student said, “Through this process, I have truly learned the importance of advocating for the needs of underrepresented groups and plan to continue doing so as I transition to a practitioner.” The following is a salient comment from one student reflection:

This experience not only revealed the need for advocacy in the occupational therapy profession and underserved populations, but it also made me realize how much influence we can have on policies and legislation if we push the issue at hand with continued efforts, such as follow-up contact efforts, holding conferences, or publishing articles to increase awareness of issues within the community. I now have a better understanding of how to look at an organization and identify the current issues. It was also interesting to actually use the skills we talked about throughout the program. In several classes, we have talked about advocating for our patients or for people with disabilities. This class has taught me how to advocate at a larger level and has shown me that an individual or small group has the potential to make a difference.

Discussion

Health advocacy is recognized as a crucial skill for healthcare providers (McDonald et al., 2019; Tappe et al., 2009). Despite the noted importance, many educational programs lack adequate academic inclusion and instruction on this topic (Gill & Gill, 2011; Tappe et al., 2009). Likewise, there are few instructional strategies for delivering advocacy education to healthcare providers, leaving the pedagogical approaches to be determined by individual instructors (Gill & Gill, 2011; Liller et al., 2020; McPherson et al., 2012). The advocacy projects chosen by students and analyzed for this paper required students to engage in policy level advocacy; the level of advocacy that can be the most uncomfortable for many students and practitioners. Similar to the literature, the pre-test scores of the participating students on the ACSA clearly illustrated that they did not perceive themselves as very skilled in the advocacy process.

While instructional strategies for advocacy education are limited, several key concepts in providing this education are noted to have importance. Several authors have outlined the importance of increasing student comfort and perceptions around the concepts of advocacy (McDonald et al., 2019; McPherson et al., 2012). Additionally, hands on and experiential learning have been identified as effective techniques for teaching advocacy skills (Belkowitz et al., 2014; Blenner et al., 2017; McDonald et al., 2019).

Using situated cognition and encouraging students to be self-directed as teaching strategies can be challenging because the “real world” is inherently more messy, slow, and ambiguous than a multiple-choice exam or a research paper. During this course, the students had a genuine stake in the outcomes of their efforts and saw the tangible effects of those efforts. These pedagogical approaches are supported by current research which outlines the importance of real-world experiences on enhancing student engagement and understanding of the importance of advocacy efforts (Belkowitz et al., 2014; Blenner et al., 2017; Hearne, 2008). Students were able to experience common responses to advocacy actions: no response, disinterest, relief that the issue was

addressed, agreement, and enthusiasm, among others. Like the results of other studies, students worked together and formed a community of experts who had the knowledge and skills to effectively participate in the advocacy process (Belkowitz et al., 2014; McDonald et al., 2019). Comments from the reflections illustrated the surprise and empowerment they felt after completing their advocacy activity successfully. Post-test scores on the ACSA illustrated improvement in perceptions of advocacy skills.

What was most interesting were the comments from student reflections that revealed the extent to which the assignment has prompted their future advocacy work and dissolved the fear associated with communicating with administrators and legislators. The most valuable part of implementing the situated cognition and self-directed pedagogies for this assignment was the modeling and coaching provided by the instructor which supported students in their efforts but ensured that students were the leaders of their project. The experience of advocating on issues related to occupational therapy may enhance participation in advocacy efforts related to clients and the field.

Limitations

Although the results of this study demonstrated an improvement in the perceived competency of students related to advocacy, there are inherent limitations in carrying out any research. The sample size is a noted limitation of this study. With only thirty-nine participants from one course represented, generalization is not possible. Additionally, because the data was extracted from a current assignment in this course, there is no control group. Lastly, the survey instrument, although modified, was not designed specifically for occupational therapy students.

Ethical Considerations

The study was exempt from Institutional Review Board (IRB) approval as the assignment, survey/questionnaire, and reflection were part of normal educational practices. Because the data was extracted retrospectively from course assignments utilizing normal educational practices that did not impact the students' opportunity to learn, it was determined that there are no ethical concerns related to this research.

Recommendations for Future Research

Although this study has provided insight into the effectiveness of situated cognition as an approach to advocacy education, further research is needed in this area. Future research should be undertaken to modify or develop occupational therapy specific measures related to knowledge and competence in advocacy. Additionally, the methods of advocacy education should be further examined for efficacy in order to identify the best pedagogical approaches to this topic.

Implications for Occupational Therapy Education

Educators that wish to implement situated cognition and/or self-directed learning for authentic experiences (specifically for learning about advocacy) will need to plan the assignment or learning activity carefully. Lecturing about the topic of advocacy is efficient but would likely not result in the changes experienced by the students described in this paper.

Projects should be outlined clearly with a focus on building a community of learners, with each student having a personal investment and commitment to the topic. The accountability that develops within the community strengthens that community helping to advance the project. Additionally, educators should ensure that the activities chosen for the project are authentic, meaning that they are activities that could result in real life impact. Every step of the process must be monitored and time for modeling and coaching must be allocated which can make this learning activity very time consuming when there are multiple advocacy projects to track. While scaffolding should be utilized to ensure that students are building upon previous knowledge, it is also important that educators allow students to use their own problem-solving skills before providing them with alternate actions. Utilizing these approaches, students can develop the skills necessary to carry out advocacy activities and the knowledge of their potential impact as individual practitioners and as part of the larger occupational therapy community.

Conclusion

Like tenets of occupational therapy, the theory of situated cognition postulates that learning and doing are intertwined and that all knowledge is situated in activity (Bredo, 1994). Because the topic of advocacy is far removed from occupational therapy students' perception of importance, traditional didactic lectures are often inadequate in enhancing participation in these activities. Utilizing situated cognition and encouraging students to be self-directed empowers students to fully engage and invest in understanding advocacy in the context of occupational therapy practice and realize that advocacy is a recursive process. When one advocacy strategy failed, another one was created. Students were able to see that professional issues are complex with multiple solutions to a problem. Their individual efforts contributed to a greater whole. With this approach, students were able to experience the importance of advocacy to the occupational therapy profession and to the clients that they serve and view themselves as effective advocates.

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