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### The Importance of the Community of Practice in Identity Development

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#### **Abstract**

**Purpose:** The purpose of this study was to examine what processes facilitate, temper, or impede occupational therapy identity development in a community of practice. **Methods:** A multiple case design organized data collected from five in-depth interviews with occupational therapy students on level II fieldwork. A cross-case analysis was used to arrive at multiple case themes. **Results:** Themes emerged as responses to participation in a community of practice: a) professional relationships; b) supervision types; and c) responsibility for professional identity development. Results suggest that communities of practice have unique characteristics that either inhibit students from adopting professional identity or draw them closer to the center of the profession. **Conclusions:** Responsibility for professional identity development lies with both student and community of practice. These findings suggest attention must be paid to the quality of the community of practice if students are to experience a successful trajectory into the profession of occupational therapy.

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#### **The Importance of the Community of Practice in Identity Development**

Fieldwork experiences provide a venue for professional identity development as allied health students learn to construct images of their profession, along with its boundaries, duties, and values. Individuals, through a cognitive process of reflexivity, express identity as an answer to the question 'Who am I'? Answers to this question are generally expressed in two ways, the first, as positions held by individuals in the organized structure of relationships, and the second, as the social roles attached to these positions.<sup>1</sup> Marchessa suggests that the development of a professional identity is a process that ultimately begins in the classroom and is enhanced as practitioners test their models of practice through experience and reflection.<sup>2</sup> The venue for gaining experience and reflecting on practice is the community of practice. A community of practice has been defined as individuals engaged in mutual endeavors, associated with a joint enterprise, and a shared repertoire and history.<sup>3</sup>

Although this article presents research on occupational therapy students, the literature review and results may be applicable to any profession which uses an internship,

preceptorship, or fieldwork as a culminating experience within a curriculum. Therefore the results may transfer to physical therapy, speech pathology, nursing, and even teaching. With health care and education exposed to more and more pressure from a variety of constituents, this may be a good time to explore the benefits and risks of a community of practice in these fields. LeTourneau asserts that physicians and other members of the healthcare team are less familiar today than in the past with the scope of practice, roles, and contributions of many other healthcare professionals.<sup>4</sup> This leads to battles over professional boundaries, feeling a lack of respect for one's expertise, and conflicts over responsibilities for patient care.<sup>4</sup>

It is suggested that the idealism of the new graduate in any profession is often altered by workplace realities. Fieldwork students and novice practitioners often report shock, low job satisfaction, and exhaustion during their first year of practice.<sup>5-7</sup> Neistadt proposes that occupational therapy clinicians and clinical educators report that fieldwork students are unprepared for the challenges and uncertainties of practice because they do not learn the requisite clinical reasoning skills that are embedded within

the role and identity of a practitioner.<sup>8</sup> In studies done by Argyris, it is evident those workplace environments that use rigorous and tough reasoning breed new ideas and innovation.<sup>9</sup> Argyris's work has implications for this study.<sup>9</sup> If environments shape students' ability to expand reasoning skills, it stands that students may develop a more compelling professional identity in certain environments over others. Perhaps conceptualizations and beliefs about professional identity, such as perceptions of the role of helper brought to curricula by students, may be cohesive until the student engages in the actual practices of the professional community.

Two important studies of these phenomena in the field of occupational therapy are those of Bjorklund and Mackenzie.<sup>6-10</sup> Bjorklund compared conceptualizations of identity between two groups of occupational therapy students, those who were finishing their fieldwork experience and thus were 'nearly qualified occupational therapy students' and newly enrolled students.<sup>10</sup> Resulted suggested that nearly qualified students' focus was on the roles of practitioners in practice, whereas newly enrolled students' focus was on their own personal abilities. Another important finding was that nearly qualified students believed that ultimately the patient is responsible for his or her health and expressed a more holistic and comprehensive perspective on practice than did newly enrolled students.<sup>10</sup>

Mackenzie suggests that supervisors who develop understanding relationships with students and who allow students to take an active role in placement activities are the most highly valued characteristics of supervisors.<sup>6</sup> Other professions are also interested in how identity develops. Faberberg and Kihlgren found that quality of preceptorships in nursing was important throughout the educational continuum and a supportive context during a preceptorship facilitates a smooth transition into the role of nurse.<sup>11</sup> In the development of student interns in professional counselor training, Nelson and Jackson found that relationships with site supervisors with an open-door policy, who were available and allowed for informal discourse, were considered important to students' professional growth.<sup>12</sup>

Identity development cannot be understood without locating the nexus of selfhood and social images.<sup>13,14</sup> Erickson defines identity as the self that is known through organismic forces, and emerges from the thoughts, feelings, and sensations that arise from being in the world.<sup>14</sup> Christiansen suggests that:

*"Identity is a composite definition of the self, and includes an interpersonal aspect (e.g., our roles and relationships, such as mothers, wives,*

*occupational therapists), an aspect of possibility or potential (that is, who we might become), and a values aspect (that suggests importance and provides a stable basis for choices and decisions."<sup>15</sup>*

The word community or social organization implies a set of shared images that involve behaviors, language and other symbols that constitute the social fabric of the community.<sup>15</sup> A community of practice is the embodiment of a larger concept; a profession. Studies have been conducted on the communities of practice of physicians, nurses, social workers, and educators.<sup>16-18</sup> Wenger suggests that communities of practice "can be thought of as shared histories of learning".<sup>19</sup> If communities of practice are to understand and support learning, there must exist a refining of practice across time and processes must be put in place that insure new generations of practitioners. For students entering a healthcare field, educators, supervisors, and other practitioners represent the history of their chosen practice, and therefore "are living testimonies to what is possible, expected, desirable".<sup>3</sup> It is this social participation situated within a temporal context that is highly influential in shaping the learning of the novice. The process of learning, thus, involves life experience and generation of meaning, the development of identity, a merging with community, and finally engagement in professional practices.<sup>19</sup> Because of the potency of the community of practice in professional identity development, Lave and Wenger's theoretical framework of legitimate peripheral participation was chosen to explore the processes that occur as beliefs about helping intersect with identity development in a community of practice.<sup>3</sup>

### **Learning as Co-Participation**

The novice's sense of identity is not only influenced by the community of practice, but also by the novice's own images of self as professional.<sup>3</sup> Images of self, beliefs and images of practice are profoundly shaped by the learning environment. The premises of legitimate peripheral participation bring into focus a theory of learning that is fundamentally social.<sup>3</sup> Legitimate peripheral participation expands the understanding of identity development in context and provides a language with which to express the processes that occur in identity development. Lave and Wenger developed the concept of legitimate peripheral participation to illustrate how learning is situated within certain forms of social co-participation and distributed among co-participants.<sup>3</sup> Shepard describes legitimate peripheral participation as yet another lens through which to observe how "learning and development of an identity of mastery occur together as a newcomer becomes increasingly adept at participating in a community of practice."<sup>20</sup>

Lave and Wenger caution thinking of legitimate peripheral participation as an educational form, pedagogical strategy, or teaching technique.<sup>3</sup> Rather, it is a way to analyze and understand learning. Learning from this viewpoint is a situated activity where newcomers either move toward full participation in the sociocultural practices of a community or follow a different trajectory.<sup>3</sup> Lave and Wenger use the terms *boundaries* and *peripheries* to denote the edges of communities of practice, or the spaces where communities come in contact with the outside world.<sup>3</sup> Boundaries are often unspoken and negotiable, as in the case of the work of occupational therapists and physical therapists, which often overlap. But boundaries also refer to discontinuities and can signify membership and nonmembership or inclusion and exclusion.<sup>3</sup> According to Lave and Wenger's theory of learning, the formation of a community of practice is synonymous with the negotiation of identities.<sup>3</sup> Indeed, Lave and Wenger propose the characterization of identity as *learning trajectory*.<sup>3</sup> Lave and Wenger suggest that identity is a learning trajectory conceptualized as defining "who we are by where we have been and where we are going."<sup>3</sup> Trajectories may follow several distinct patterns; for example, newcomers may follow an *inbound trajectory* where they join the community of practice at the periphery with the hope of one day becoming full participants.

It follows that newcomers on an inbound trajectory invest their identities in their future participation while they participate at the periphery.<sup>3</sup> Inbound trajectories are not guaranteed to proceed without ambiguity and doubt. As Lave and Wenger assert, "The continuity of an emergent structure derives not from stability but from adaptability."<sup>3</sup> Adaptability is born of perturbability and resilience as newcomers both change and learn as they struggle to negotiate a practice that is continually balancing between stability and transformation.<sup>3</sup>

Communities of practice consist of the three dimensions of: (1) mutual engagement; (2) a joint enterprise; and (3) a shared repertoire.<sup>19</sup> These dimensions can be conceptualized as the source of coherence that stabilizes and sustains a community across time.<sup>19</sup> Members within a community develop a shared repertoire through storytelling, development of tools, artifacts, and discourses. Finally, a community of practice negotiates a joint enterprise through interpreting data, responding to situations, and the community position in the larger social, cultural, or intuitional contexts.<sup>19</sup> Communities of practice have been examined in a variety of contexts, most notably in medicine, business, and education, and the investigations primarily focus on the power of communities of practice to ensure professional socialization.<sup>16,18,21,22</sup> Supervisors or preceptors play a fundamental role in how allied health students adapt to and learn from the community of practice. Students are exposed to a variety of supervision types, exposing them to interpersonal

challenges that are often unpredictable and certainly have the potential to impact the learning process.<sup>24</sup>

### Supervision Types

Although various researchers have delineated a variety of types of supervision, Schubert has sorted and labeled them as directive, evaluative, consultative, permissive, and collaborative and these will be briefly explained to elucidate the findings of this investigation.<sup>23</sup> Directive supervision is viewed as the most traditional type of supervision and it is here that the supervisor would tell a student how to deliver therapy in order to conform to certain professional mandates or traditions.<sup>23</sup> Evaluative supervision involves an ongoing and formal assessment of student performance that generally results in a quantifiable rating or score on a standardized instrument.<sup>23</sup> Supervisors who choose a consultative supervision style serve as resource persons, consultants, sounding boards, fellow brainstormers, and generators of ideas.<sup>23</sup>

Permissive supervision is likened to non-directive or client-centered therapy, with the supervisor taking on a facilitator role that trusts the student to take responsibility for their own learning.<sup>23</sup> Finally, a collaborative supervision style assumes an eclectic position, thus the collaborative supervisor sees merit in all orientations and draws upon each one as needed.<sup>23</sup> It can be argued that all five types of supervision types labeled by Schubert have their strengths and weaknesses.<sup>23</sup>

There is a paucity of research on the processes that must occur in a community of practice if students are to follow a smooth inbound trajectory into allied health professions such as occupational therapy. There is insufficient knowledge of what happens to identity development in the transition from interaction with curricula to interaction with actual practices of the profession. The purpose of this investigation is to explore the process of identity development in occupational therapy communities of practice and offer alternative explanations for processes that facilitate, temper, or impede identity development.

### Design

Personal interest in this inquiry stems from the author's work as an educator in an occupational therapy education program and experience watching students adopt the identity of a healthcare professional in a problem-based learning classroom. The findings reported in this paper are part of a larger study of occupational therapy student identity development. The larger study explored occupational therapy students' metaphors of *helping*. That part of the research will not be discussed in this paper. The focus here is on how legitimate peripheral participation within a community of practice influences nearly qualified allied health students' adoption of a professional identity. A case study strategy was chosen to investigate more deeply

images of helping and conceptualizations of practice held by individual participants. A qualitative approach with a multiple case analysis was deemed to be the most effective method for this type of research because of its compatibility with the theoretical framework of legitimate peripheral participation. In addition, qualitative inquiry is especially powerful in generating theory that emerges from the researcher's interviews and observations in real life contexts.<sup>27</sup>

### Participants

Five participants were chosen for in-depth interviews from a total of 124 occupational therapy students at a three Midwestern universities. Participants had completed the didactic portion of occupational therapy education programs and were fieldwork students responsible for their own case load of at least three clients. The five individuals were chosen because they represented a larger group of occupational therapy students who had chosen specific metaphors for helping in another part of the larger study. The five participants were representative of the larger group of subjects in that there was one male interviewed and four females interviewed from a total of 14 males and 110 females selected for the larger survey.

### Data Collection

In-depth interviews were conducted with five participants who had chosen one of the top five metaphors for helping from the larger study. Therefore, all five students held a different conceptualization of helping, expressed by metaphor. Interviews were used to gather qualitative data on the question under investigation. The sensitizing concept of *helping* was used by the researcher to focus interviews on broad concepts of the profession. The concept of *helping* was chosen because the literature strongly suggests that students often enter into the profession of occupational therapy because they want to help people.<sup>24</sup> Once interviews were complete, they were transcribed verbatim by the investigator and transcripts were copied in order for the investigator to work directly with copies during data analysis. Each participant selected a pseudonym for use with this investigation.

### Data Analysis

Categories and thematic tables, based on interview data, were developed by the investigator as they emerged. Subsequent sweeps through the transcripts yielded sub-categories that were tabulated. Next, a cross-case analysis of the individual cases was conducted following replication logic and these data were reported in a multiple case study format.<sup>28</sup> Themes found among the individual case studies were compared, matched and regrouped prior to being given a thematic title that exemplified themes expressed in individual cases that represented similar ideas within each thematic group.

Triangulation of data was employed to counteract the threat of researcher bias and to establish validity. Participants filled out a questionnaire on their concept of helping and completed a survey that was designed to gauge how their responses corresponded with concepts valued by the profession of occupational therapy. To establish trustworthiness, member checking was used to collaborate with participants in the assessment of the accuracy of the data.<sup>26</sup> Each interviewee read his or her case report, was urged to check for misinterpretations and correct inaccuracies, and sent this data back to the primary investigator. Finally, Patton suggests addressing trustworthiness by using an expert audit reviewer who independently analyzes the data for comparison with findings of the investigator.<sup>27</sup> A randomly selected transcript was provided to another investigator in a healthcare field who read it for general categories and themes. The auditor searched for and reported her findings in general categories and themes using the sensitizing concept of helping and then compared those to findings of the principle investigator. Through a process of convergence, the categories and themes of the auditor matched those of the researcher.

### Results

The five cases (Emma, Scott, Anne, Sophia, and Rachel) describe the experiences of occupational therapy students completing their level II fieldwork in a community of practice. A content analysis was undertaken to compare individual case studies and develop descriptive findings through pattern matching.<sup>27</sup> Themes that emerged were matched and regrouped, then given a thematic title. Table 1 summarizes the themes representing responses to legitimate peripheral participation, and identity formation presented in each individual case study.

**Table 1: Legitimate Peripheral Participation Themes****Emma**

1. A community of practitioners can work together as a team or lack cohesion
2. A cohesive community of practice has more success with promoting a professional identity

**Scott**

1. The struggle to become your own therapist
2. The struggle to assert identity and scope of practice with other healthcare professionals

**Anne**

1. Novices know more than they think they do
2. Being supervised informally and from a distance

**Sophia**

1. Experimentation and constructive feedback increases confidence
2. Opportunities to showcase occupational therapy

**Rachel**

1. The work she needed to do to become a member of the community of practice
2. The work the community needed to do to pull novice into community of practice

A cross-case analysis also revealed three over-arching themes that represent participants' responses to legitimate peripheral participation: (1) Professional relationships, (2) Supervision types, and (3) Responsibility for professional identity development. These themes could also be said to represent the processes that occur within legitimate peripheral participation and the types of outcomes specific processes support. Table 2 outlines themes that emerged from pattern matching the individual case studies.

**Table 2: Summary of Multiple Case Themes***Responses to Legitimate Peripheral Participation*

1. Professional relationships
  - a. Sustained pursuit of shared expertise and joint enterprises
  - b. Neutral independent participation
2. Supervision Types
  - a. Directive
  - b. Consultative
3. Responsibility for professional identity development
  - a. Work of the novice
  - b. Work of the community

**Professional relationships**

The participants indicated that ways in which practice was enacted within the community had a powerful effect on the development of their own identity as well as appeared to strengthen the value and recognition of occupational therapy in the eyes of other healthcare professionals. Two approaches to professional relationships were labeled by the researcher as a) sustained pursuit of shared expertise and joint enterprises and b) neutral independent participation. Relationships characterized as pursuing shared expertise and joint enterprises are, what Lave and Wenger would call the source of coherence that stabilizes and sustains a community across time. On the other end of the continuum is a community characterized by a lack of coherence, coined by the author as engaging in neutral independent participation. This community is made up of individuals working side by side with limited engagement, deficient in a belief in the joint enterprise, and lacking a shared repertoire.

When the community was cohesive and worked as a team, participants (Sophia, Scott, and Anne) felt that patients and other healthcare professionals had a greater knowledge of the scope of practice of occupational therapy. Communities consisting of neutral individual participation often developed a misinterpreted and misunderstood identity (Emma, Rachel, Scott) which acted as barriers to development of a strong professional identity, not only in students at the periphery of practice but also for the profession as a whole in that particular setting. Emma and Anne both reported feeling 'lost' in communities which enacted practice in terms of neutral individual participation. As one student commented:

"I think that in terms of acceptance by others as a healthcare professional with a unique identity, this is still a battle for occupational therapists. We are constantly being called physical therapists

and we still get referrals from doctors saying "PT will evaluate and treat."

### Supervision Types

Participants clearly expressed their preferences for specific types of supervision and the outcomes of these types of supervision. Supervision types are fully described in Schubert.<sup>23</sup> A directive supervision style (Scott and Anne) was seen as a barrier to identity development, while a more permissive and consultative style was perceived as facilitating identity development. Anne described a preference for supervisors who could "relinquish the role as the OT in charge" and allow her opportunities to make mistakes if necessary. Scott's preference involved 'not having someone always looking over my shoulder' as he claimed an identity as a practitioner. All participants described the benefits of being able to "bounce ideas off", "brainstorm", "experiment", and especially have "informal dialogue" with supervisors. Rachel, Sophia, and Emma discussed the importance of constructive feedback from supervisors in their identity development. Sophia describes a dialogue with a supervisor that pulled her closer to her community of practice:

"My supervisor gave me the opportunity to verbalize why it was important that I was doing what I was doing. Just the other day we were planning an in-service for other employees on active listening and at the time it didn't click with me and I asked my supervisor, "Why am I qualified to give this type of presentation?", and she said, "You're an OT, this is your unique field and you have had training on this and we talk about this in school and you take it for granted that other disciplines know this information".

### Responsibility for development of a professional identity

Participants recognized the importance of their actions and the actions of the community if the identity and scope of practice of occupational therapy were to become more widely recognized and valued both inside the profession and out. The work of the novice or newcomer influenced how effortlessly the learning trajectory would proceed for participants. Rachel wanted to be on time, ask good questions, and appear interested during team meetings.

Anne was willing to let her supervisors shape her into their image of a competent occupational therapist. While Rachel appraised each therapeutic situation for the unique needs of her patients, she made adjustments in her own interpretation of her work. Rachel expressed her need to adapt to the moods and opinions of her patients and allows them to take responsibility for their health choices.

The work of the community involved giving the participants opportunities to contribute to the community of practice. Scott, Sophia, and Anne were offered opportunities to be creative and contribute new knowledge to their respective communities.

One of the most important aspects of the work of the community was offering participants opportunities to share their expertise and unique identity with other healthcare professionals (Sophia, Anne). Primarily, these opportunities were structured around in-services performed by the students in the fieldwork setting. Scott and Anne viewed their supervisors as role-models and persons from which they could 'take' their identity while they developed their own. The work of the community was also expressed by Emma in terms of;

- asking me good questions to improve my clinical reasoning skills and,
- providing me with opportunities to understand why what I was doing was important.

Regardless of the type of setting or supervision style, participants reported similar frustrations with how their community of practice was perceived or misperceived by other members of the treatment team, especially doctors (Emma, Scott, Sophia, and Anne). One specific frustration centered on the confusion of occupational therapy and physical therapy when doctors wrote orders for treatment (Scott and Anne). Rachel and Emma expressed the need for the community to advocate for the profession.

### Discussion

The opportunity to exchange tacit knowledge and histories of learning has been found to be the central mechanism for moving the novice through the stages of competence that eventually result in the master clinician.<sup>18</sup> This investigation, using the lens of legitimate peripheral participation, has highlighted occupational therapy students' search for identity, uncovered their images of helping, and exposed processes that influence conceptualizations of practice.

This investigation clarifies the need for development of learning organizations in occupational therapy; a term Garvin defines as "organizations skilled at creating, acquiring, and transferring knowledge and at modifying its behavior to reflect new knowledge and insights".<sup>28</sup> New ideas are essential to learning, and improvement in organizations is dependent upon new ideas. Learning takes place when organizations become effective at not only creating or acquiring new knowledge, but also at successfully applying new knowledge to their practices.

From the interviews, it is interpreted by the researcher that in contexts where dialogue and rigorous reasoning was

encouraged and valued by communities of practice, students' new ideas and non-traditional treatments were widely accepted. What Argyris calls second order errors evolve when work environments use defensive reasoning and include such things as cover-ups, turning a blind eye to problems, and a need to retreat from embarrassment or threat.<sup>9</sup> Results of this investigation support careful selection of fieldwork sites to ensure practice communities that support the type of professional socialization valued by the profession of occupational therapy. Themes of legitimate peripheral participation reveal that different work cultures of practice communities either present barriers to professional identity development or lead to a stronger, more valued identity by both those in the community of practice and those outside the community. Practice communities exemplifying teamwork appeared to have stronger professional identities within the practice community and with persons outside of the community. It also became clear to the novices what work they needed to do during their inbound trajectory toward the center of the community of practice if they were to develop a professional identity valued by both themselves, and the profession. Finally, students expressed actions taken by the community which drew them closer to the center of the community of practice of occupational therapy.

A particularly important outcome to the collective identity of occupational therapy was students' changes in awareness of the need to advocate for their profession, a finding supported elsewhere.<sup>29</sup> All five participants related stories of a misinterpreted, misunderstood, or vague professional identity. Specifically, it appeared that physicians who wrote orders for treatment often did not have a clear understanding of the scope of practice of occupational therapy. This is consistent with Fortune's proposal that a failure to articulate an occupational philosophy contributes to an incoherent role identity in occupational therapy.<sup>5</sup> Findings in this investigation add support to the idea that all too often, occupational therapists accept an identity imposed on them by other healthcare professionals.<sup>5</sup> This suggests that the strong conditioning in the workplace to adopt a role imposed on the profession by colleagues and clients overpowers students and new practitioners. As previously stated however, this did not seem to discourage participants. It appears to motivate students to take leadership positions, inform patients and other healthcare providers of the scope of practice of occupational therapy, and question the political and social forces impinging on the profession.

### Conclusion

Studies are lacking in occupational therapy that explain identity development in OT students and that help to illuminate processes that either impede or enhance identity

development. The implications for this investigation center around two main areas: (1) implications for the educational process, both in the classroom and clinic, that promotes, supports, and sustains a desirable professional identity and (2) implications for contextual factors that mediate how the community of practice of occupational therapy understands and enacts the profession.<sup>30</sup> Identity formation in healthcare professionals is becoming as complex an enterprise as is delivery of healthcare in general. Roles and responsibilities of physicians, nurses, and allied health professionals continue to ebb and flow as legislators and professional healthcare organizations struggle with limited resources in which to provide quality patient care.

Limitations of this investigation must be acknowledged. Processes of socializing students into the profession of occupational therapy are unique to specific educational program and paradigms of helping, and will vary with each institution. This investigation involved participants from three Midwestern occupational therapy education programs. This narrow geographic scope from which participants were selected may limit the transferability of the findings. Thus the outcomes of this investigation may have been different if the participants were selected from occupational therapy education programs across the United States, and in particular, the east and west coasts. In addition, since only five participants were interviewed this limited the types of facilities represented in this study. Thus, again, transferability to different contexts must be taken into consideration.

Follow-up investigations to the current study might include examining how students' images of helping and identity development are altered by particular classroom and fieldwork contexts and processes, such as a problem-based learning classroom or fieldwork sites with specific supervision styles. This may provide more conclusive evidence of the factors mediating adoption of a professional identity valued by the profession of occupational therapy. These phenomena have not been reported in the occupational therapy literature. It is suggested by the results of this investigation that it is time for the profession to build strong practice communities and learning organizations that not only connect educators, scholars, and practitioners in the field but also connect the profession to community partners. This work is critical if the profession of occupational therapy is to remain a vital member of the healthcare team and make unique contributions to the health of those they serve. Findings in this investigation suggest that students be given access to mentors who can assist them along the learning trajectory and help them negotiate the pressures that come from co-participants within the community of practice.

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