Australian Journal of Rural Health

ORIGINAL RESEARCH OPEN ACCESS

Exploring Occupational Therapists Use of the Perceive, Recall, Plan and Perform Assessment When Working With Aboriginal and Torres Strait Islander Peoples in the Northern Territory

Rebecca Jarrott[1] | Judy Ranka[2,3] | Melissa Nott[1,3,4] | Robyn Williams[5]

[1]Charles Sturt University, Albury, New South Wales, Australia | [2]University of Sydney, Sydney, New South Wales, Australia | [3]Occupational Performance Network, Sydney, New South Wales, Australia | [4]Three Rivers Department of Rural Health, Charles Sturt University, Albury, New South Wales, Australia | [5]College of Indigenous Futures, Education and Creative Arts, Charles Darwin University, Darwin, Northern Territory, Australia

Correspondence: Rebecca Jarrott (becsmith716@gmail.com)

Received: 26 November 2024 | **Revised:** 5 June 2025 | **Accepted:** 3 July 2025

Funding: This study was supported by the Occupational Therapy School of Victoria clinical award and Charles Sturt University Three Rivers Department of Rural Health.

Keywords: Aboriginal and Torres Strait Islander peoples | assessment | clinical utility | cognition | First Nations peoples | functional cognition | Perceive, Recall, Plan and Perform (PRPP)

ABSTRACT

Objective: Explore perspectives of occupational therapists on the use of the Perceive, Recall, Plan and Perform Assessment (PRPP-A) to assess functional cognition when working with Aboriginal and Torres Strait Islander peoples.

Setting: Health services in the Northern Territory.

Participants: Thirteen occupational therapists trained in the use of the PRPP-A and experienced in working with Aboriginal and Torres Strait Islander peoples.

Design: A qualitative, exploratory research design was adopted. Data were collected via focus groups, which were audio-recorded and transcribed verbatim. Each transcript was systematically reviewed using a reflexive thematic analysis approach and inductively coded. Shared meaning was identified and analysed across the data to develop themes.

Results: Five themes were identified: (1) challenges and tensions assessing cognition (*knowing*); (2) effectiveness of the PRPP-A in practice (*doing*); (3) embedding the PRPP-A in practice (*doing*); (4) facilitating meaningful assessment of functional cognition (*being*) and (5) valuing the occupational therapy role (*being*). Occupational therapists described a sense of *knowing* more about cognition after completing PRPP-A training. They described how the process of *doing* cognitive assessment using the PRPP-A informed clinical reasoning processes, facilitated collaboration with clients and family members, and supported the negotiation of culturally safe practice. This culminated in their occupational therapy roles *being* more satisfying as participants described improved alignment between their roles and their sense of occupational therapy core values.

Conclusion: The PRPP-A was found to have clinical utility and supported clinical reasoning for occupational therapists when assessing cognition with Aboriginal and Torres Strait Islander peoples in the Northern Territory.

Statement of terminology: 'Aboriginal and Torres Strait Islander peoples' will be used when referring collectively to the First Nations peoples of Australia; unless other terms are being quoted or referred to. The authors would like to acknowledge the Larrakia people on whose unceded lands this work was conducted.

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

© 2025 The Author(s). *Australian Journal of Rural Health* published by John Wiley & Sons Australia, Ltd on behalf of National Rural Health Alliance Ltd.

Summary

- What is already known on this subject
  - Occupational therapists assessing cognitive function with Aboriginal and Torres Strait Islander peoples need valid, reliable, and culturally safe methods of cognitive assessment to inform clinical reasoning.
  - The process of cognitive assessments may place some Aboriginal and Torres Strait Islander peoples in a disadvantaged position. Most cognitive assessment approaches are formed from the dominant culture and rely on the use of the English language, assess skills typically gained via formal education and use methods that may be irrelevant and/or unfamiliar to some Aboriginal and Torres Strait Islander peoples.
- What this paper adds
  - PRPP-A is considered by occupational therapists in the Northern Territory to be an acceptable approach to assessing functional cognition with Aboriginal and Torres Strait Islander peoples.
  - PRPP-A facilitates meaningful, strengths-based and collaborative assessment of occupational performance and cognitive strategy use with Aboriginal and Torres Strait Islander peoples across a range of ages, diagnoses, and settings in the Northern Territory.

1 | Introduction

Occupational performance and participation are primary aims of occupational therapy practice [1–3]. Occupational therapists make practice-based decisions by engaging in what is commonly referred to as clinical reasoning, also called professional decision-making [4]. Clinical reasoning encompasses the thinking processes therapists engage in when choosing assessments to use, analysing findings, planning and implementing intervention, and reflecting on practice [5, 6]. Decisions made are influenced by a range of external and internal factors, including the service provision context (*what is available for use and permitted to be done*), the client situation (*what needs to be done*), and the therapist's beliefs about their roles in service provision (*what should be done*). When tension between these factors exists, an ethical dilemma for therapists may arise as constraints are placed on what can be done that conflict with therapists' perceptions of what needs to or should be done [5]. Occupational therapists assessing cognitive function with Aboriginal and Torres Strait Islander peoples in the Northern Territory (NT) may experience this tension. Although valid, reliable, and culturally safe methods of cognitive assessment are widely agreed to be needed [7–10] they are not yet universally available, thereby constraining what can be done and limiting the information available for use in clinical reasoning.

One frequently cited cognitive assessment designed for use with Aboriginal and Torres Strait Islander peoples is the Kimberley Indigenous Cognitive Assessment (KICA) [11]. The KICA identifies the presence of cognitive impairment but not the impact of impairment on occupational performance, raising questions about its utility in occupational therapy clinical reasoning. In contrast, occupation-embedded cognitive assessments, for example, The Kettle Test [12] aim to identify cognitive impairments through observations of specific task performance. This approach is referred to as testing functional cognition [13]. Most tests of functional cognition score performance on pre-determined tasks that are performed under standardised test conditions. Although information gained contributes to clinical reasoning, the assessment process risks being perceived as contrived, raising questions about the validity and utility of findings in clinical practice. One occupational therapy approach to assessing functional cognition, the Perceive, Recall, Plan and Perform Assessment (PRPP-A), focuses on how well cognitive strategies are used during the performance of any client-specific task or routine in the client's real-world performance context. It can be scored or used to guide observations. It is framed by information processing theory and the Occupational Performance Model Australia (OPM[A]) [2]. The PRPP-A allows for consideration of the client's unique needs and desires in establishing the assessment task and context, an assessment characteristic that is reported to enhance clinical reasoning [14–17]. The PRPP-A has been used in cross-cultural contexts [14, 18–20] including with Aboriginal and Torres Strait Islander peoples in the NT where emerging evidence of its utility was demonstrated [10].

Clinical utility refers to the usefulness of an approach. It is conceptualised as a multi-dimensional construct encompassing four factors: *appropriateness*, *accessibility*, *practicability* and *acceptability* [21]. This research expands on previous research, which investigated the *appropriateness* of the PRPP-A [10]. In this study, perceptions of NT occupational therapists trained in the use of the PRPP-A about its *acceptability* for practice with Aboriginal and Torres Strait Islander peoples were explored. Judgements about *acceptability* are typically made with reference to whether a new approach in a particular context supports the tacit knowledge and beliefs of users, enhances routine practice, and fits with broader social norms and values [21]. In this study, these factors were investigated by determining the impact of the PRPP-A approach on therapists' beliefs about the effectiveness of their practice, therapists knowledges, clinical reasoning processes and practice opportunities to determine if the PRPP-A is acceptable and clinically useful to occupational therapists working with Aboriginal and Torres Strait Islander peoples in the NT.

2 | Methods

2.1 | Ethics Statement

Ethical approval for this study was obtained from Menzies School of Health Research Human Research Ethics Committee (2016-2718) and Charles Sturt University Human Research Ethics Committee (H17074). Informed consent processes and research were performed in accordance with the Declaration of Helsinki (as revised in Brazil 2013).

2.2 | Positionality Statement and Input Into the Research by Aboriginal and Torres Strait Islander Peoples

This research was driven and shaped by the needs identified through many discussions with Aboriginal and Torres Strait Islander clients, family members, colleagues and researchers.

14401584, 2025, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.70073 by Edith Cowan University, Wiley Online Library on [22/07/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

These conversations were held over several years through the first author's clinical experiences working as an occupational therapist in the NT. All authors identify as White females; three are qualified occupational therapists (Authors 1, 2, 3) and one, a qualified nurse and educator (Author 4). Author 1 has over 13 years of experience working as an occupational therapist with Aboriginal and Torres Strait Islander peoples in the NT, and this research was conducted as part of her PhD. All authors acknowledge the privileged positions we hold as White academics and acknowledge this privilege extends to the lens with which we view and interpret the data. We are committed to continued learning and development of our research and clinical practices. Author 2 is an experienced educator and co-founder of the OPM(A) and PRPP-A. Author 3 is an experienced researcher in the areas of occupational therapy, brain injury, rural health and quantitative research approaches. Author 4 has over 40 years' experience working with Aboriginal and Torres Strait Islander peoples in the NT and holds expertise in cultural safety and qualitative research in Aboriginal and Torres Strait Islander and rural and remote health issues. In the absence of an Aboriginal and/or Torres Strait Islander co-supervisor or co-researcher, the PhD supervisor panel consulted widely with local health professionals and academics to ensure research was completed in accordance with principles of cultural safety.

2.3 | Study Design

A qualitative, exploratory research design was adopted to allow for contextual understanding, subjectivity, and reflexivity. Four focus groups were held face-to-face and online with occupational therapists. Reflexive thematic analysis methodology was used to identify patterns and conceptual meaning in the data using an inductive approach with latent coding. Reflexive thematic analysis offers a theoretically flexible methodology to underpin the data analysis process and shape meaning [22]. Focus groups were deemed the most effective method to facilitate critical reflection and allow the exploration of a range of perceptions and experiences in small groups.

2.4 | Recruitment and Participants

This research was conducted in a regional community that has a small professional network of occupational therapists. Potential participants were identified via this network and recruited using purposeful sampling methods to identify participants who met the inclusion criteria. They were approached via email by an occupational therapist who was not involved in the study, as this allowed participants the opportunity to freely accept or decline. Inclusion criteria were registered occupational therapist, completed PRPP-A training within the last 5 years, experience working with Aboriginal and Torres Strait Islander peoples prior to completing the PRPP-A training, and self-identified active use of the PRPP-A in clinical practice. These specific inclusion criteria were necessary to capture the experiences and knowledge of occupational therapists working with Aboriginal and Torres Strait Islander peoples in the NT. The ability to compare clinical practice before and after PRPP-A training supported the exploration of the tool's clinical utility in greater depth. A total of 13 participants were recruited and all were retained throughout the study.

Participants were aged 25–50 years with the majority between 26 and 35 ($n=8$). Most participants identified as female ($n=12$; male $n=1$). Participants had worked as occupational therapists for an average of 8.5 years (range: 3–24 years) and specifically with Aboriginal and Torres Strait Islander peoples for an average of 4.5 years (range: 1–12 years). Approximately half ($n=7$) worked in community settings, including remote communities; five worked in rehabilitation settings, and one worked in an acute hospital. Participants worked with a range of caseloads, including paediatrics, aged care, acute neurology, rehabilitation, and community disability. Participants had completed PRPP-A training on average 2.2 years previously (range: 6 months–6 years) and reported using it daily ($n=1$), weekly ($n=6$), monthly ($n=1$), or occasionally ($n=5$).

2.5 | Data Collection

Four focus groups were facilitated by the first author, with each group containing between three and four participants. The duration of groups varied between 70 and 145 min and was held in confidential meeting rooms at convenient locations as nominated by the participants in each group. An interview guide was formulated to apply an open-ended questioning route to guide discussion and explore participants' perceptions and experiences of using the PRPP-A with Aboriginal and Torres Strait Islander peoples (please refer to Table 1 for example interview guide). Each focus group was audio-recorded and transcribed verbatim. The research team judged that data collection was complete following the fourth focus group, with sufficient information power for the narrow study aim and the high specificity of the participants' knowledge and experiences [23].

2.6 | Data Analysis

Data were analysed following Braun and Clarke's [24] six steps to reflexive thematic analysis and led by the first author. Each transcript was revised and then systematically and inductively coded using NVivo 12. An iterative approach was employed for data coding, combining collaborative discussion with the research team as codes were being developed. Memos were recorded to capture the reflections of the first author throughout this process. A latent approach was employed to identify shared meaning at the conceptual level across the data to develop initial themes, refine the themes and identify the relationships between the themes. The final step in the data analysis process was to apply the language of the Occupational Performance Model (Australia) (OPM[A]) to generate the theme names. The rationale for this choice was that the OPM(A) defines occupational role performance and elaborates on core factors that contribute to perceptions of effectiveness and satisfaction with role performance.

2.7 | Trustworthiness and Rigour

Reflexive thematic analysis encompasses the practice of reflexivity, facilitating critical reflection throughout the data analysis process [22]. The application of reflexivity was considered to enhance the findings in this study, along with the specific

14401584, 2025, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.70073 by Edith Cowan University, Wiley Online Library on [22/07/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

TABLE 1 | Examples of questions from the interview guide.

Questions
1. Can you please reflect on your clinical practice with Aboriginal and Torres Strait Islander clients prior to completing your PRPP-A training. What information did you typically gather, what assessments did you use and how did you complete the clinical reasoning process and make decisions?
2. Now, I would like you to think about the time since you've started using the PRPP-A with Aboriginal and Torres Strait Islander clients. How do you use it? Do you use it as a formal scored assessment, as an interview tool with clients or families, as a framework that is applied to your clinical reasoning, as a guide for your observations, or to guide your reporting on client progress?
3. Can you describe the type of information you get from it? What are your experiences of sharing PRPP-A findings with Aboriginal and Torres Strait Islander clients and their families?
4. When you use the PRPP-A, do you identify both strengths and difficulties Aboriginal and Torres Strait Islander clients are displaying in their task performance?
5. In what ways do you use the PRPP-A to generate goals and plan interventions?

position of the first author who had an 'insider perspective' to the research area. The first author held dual roles as both an occupational therapist using the PRPP-A in clinical practice with Aboriginal and Torres Strait Islander peoples and as the researcher exploring clinical utility of the tool.

Data collection and analysis was an iterative process to generate categories leading to themes. This process included mapping relationships and ideas extracted from the data via discussion, memo writing and journaling. Through this reflective process, the themes were developed, the relationships between themes were identified, and OPM(A) terminology was applied to name the themes [22].

3 | Results

The overall intent of this study was to understand, from clinicians' perspectives, the acceptability of PRPP-A. An unexpected and strong theme was identified whereby participants reflected that the practice change they experienced after learning about the PRPP-A was transformative. Participants described a process of change through completing PRPP-A training and embedding PRPP-A into routine clinical practice. The perceptions participants held of their roles as occupational therapists emerged as a point of interest and were named and framed through the language of the OPM(A). Learning to use the assessment changed their knowledge of cognition and cognitive assessment (*knowing*), the way they worked when assessing cognition (*doing*), how they viewed themselves personally and professionally as occupational therapists (*being*), and how they enacted these dimensions clinically when working with Aboriginal and Torres Strait Islander peoples with cognitive impairment. The dimensions of *doing*, *knowing*, and *being* are represented within and across the five themes identified in the data. Each theme represents the process of change in occupational role performance and satisfaction experienced by the participants as they identified, implemented, and embedded an approach to cognitive assessment that aligned with their perceptions of what occupational therapy should be.

3.1 | Challenges and Tensions Assessing Cognition (*Knowing*)

Prior to learning about the PRPP-A, the process of assessing cognition was identified to be a point of tension for the participants' clinical practice working with Aboriginal and Torres Strait Islander peoples. They described concerns with the acceptability and effectiveness of commonly used assessment approaches and felt the approaches did not align to their tacit knowledge of what information was required.

> I'd do the KICA and I'd be like '... that really gives me nothing' ... and then I would ... do a functional assessment ... I couldn't get all my clinical reasoning because I couldn't really gather all the information ... I couldn't find all the words and I couldn't pinpoint what was happening
>
> (OT11)

Therapists reported feeling concerned about commonly used cognitive assessments not being valid and due to the inappropriateness of some test items, therapists often needed to skip over items. The validity of these incomplete assessment findings was questioned: 'it was going to either give some sort of a bias that would either be in their favour or not, which wasn't going to be accurate' (OT8).

Rigid assessment administration processes and a lack of individualisation were further sources of tension. Therapists felt assessment findings failed to capture the impact of cognitive function on the client's life and provided little insight to inform occupational therapy practice and support the client 'doing those assessments ... like the KICA ... if you were giving feedback it doesn't really have much meaning ... they [client] normally look at you and they're like, "Well, yeah, so what?"' (OT10).

An emerging sense of 'knowing' was described as participants engaged in deep thinking processes considering the use of cognitive assessments, suitability of assessments, contexts assessments were used in and how this benefited or disadvantaged the client. Through this reflective process, participants described becoming aware of the need for a cognitive assessment appropriate for the clients they worked with and congruent with their own values as occupational therapists.

3.2 | Effectiveness of the PRPP-A in Practice (*Doing*)

In contrast to their experiences using other assessment tools, acceptable and effective assessment of occupational performance

14401584, 2025, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.70073 by Edith Cowan University, Wiley Online Library on [22/07/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

and functional cognition was described using the PRPP-A with Aboriginal and Torres Strait Islander clients across a range of ages, diagnoses, and settings. Participants described flexibility in using the PRPP-A; they used a variety of approaches when completing the assessment, ranging from a framework that guided their observations of clients to formal administration. A change in routine practice was described with greater specificity and acceptability in the assessment process: 'previously I would be like 'yeah, they're having difficulty planning', uhm, but then not really knowing where to go from that … after the PRPP … I was really able to pinpoint it' (OT11).

Meaningful clinical information was gathered from the PRPP-A and used in a variety of ways through the occupational therapy process to enhance routine clinical practice. Participants described using PRPP-A effectively to assess cognition, set goals, support clinical reasoning and decision-making, develop specific intervention plans, measure change in cognition over time, and communicate assessment findings and clinical reasoning to clients, families, and the team.

> …my initial assessment was generally a PRPP and then I would provide … intervention and we'd work on strategies … I could then use it to re-assess … I was able to … measure change … and track progress … feedback to family and the team
>
> (OT1)

Participants described how the PRPP-A developed their understanding of cognition 'PRPP … helped me understand cognition better' (OT2). This enhanced knowledge was associated with greater confidence in the occupational therapy role.

> …since doing … PRPP … I need to figure out what occupation I'm going to do, I need to assess it, this is brilliant, I can score it, I can do all of this and it just made it so much better… help those people where otherwise it would have been very difficult to get the information
>
> (OT11)

3.3 | Embedding the PRPP-A in Practice (*Doing*)

Embedding a new approach into routine practice was identified by the participants to be complex and multifaceted. Key factors were identified that inhibited or supported the process of using the PRPP-A including: (a) familiarity with the assessment, of both the therapist and colleagues, including time to practise and develop competence/confidence; (b) team dynamics and effectively communicating with the team; (c) service model, scope of service delivery, and funding models.

Expectations of the multidisciplinary team on the occupational therapy role in assessing cognition influenced how participants practised and used the PRPP-A. 'The challenges … are being requested to do a particular cognitive assessment' (OT4). Working alongside other PRPP-trained occupational therapists was identified as a supportive factor when embedding the approach into routine clinical practice, along with time to use the PRPP-A and building familiarity with the tool. 'We all were [PRPP-A] trained … so handing over clients and explaining the PRPP was very easy' (OT1).

The process of acquiring new knowledge through PRPP-A training (*knowing*) enhanced routine practice (*doing*) for the participants. When reflecting on embedding the PRPP-A into practice, participants described a shift in their occupational therapy role through a new approach to cognitive assessment: 'it's [PRPP] just ingrained in me, that's how I think now without even knowing that's how I think' (OT2).

PRPP-A acceptability was described by participants as it supported the tacit knowledge and beliefs they had formed about what was needed from their practice in this context. They discussed changes to routine practice after implementing the PRPP-A, with an increase in both skill and confidence in their role, including assessing cognition, interpreting occupational performance, and communicating findings.

> I felt more confident in explaining exactly what their strengths and weaknesses were … found it really easy … to write about someone's cognition and I felt confident in knowing exactly where they were at and exactly what they needed to work on … that changed my practice … my confidence
>
> (OT1)

3.4 | Facilitating Meaningful Assessment of Functional Cognition (*Being*)

From the perspective of the occupational therapists, acceptability of the PRPP-A was strengthened as it enabled selection of assessment tasks of importance to the client, which facilitated a positive experience, supported building trust, relationships, and enhanced client engagement in the cognitive assessment process. Participants identified PRPP-A as a tool that supported them to differentiate between cognitive difficulties and cultural preferences: 'some other measures … pick out things … "that isn't right", and it's not that it's not right, it's just a different way of doing things and a different way of living. The PRPP supports … cultural difference … a lot better than most other assessments' (OT6). Accurate assessment of the complexity and specificity of functional cognition within the client's context was identified by participants as a valuable component of the PRPP-A and strengthened acceptability when working with Aboriginal and Torres Strait Islander peoples. These factors were considered by the participants as protective when considering the ethical and social implications of conducting cognitive assessments with Aboriginal and Torres Strait Islander peoples.

> in this context … there just isn't always access to an interpreter or cultural connector, or – Aboriginal liaison officer for multiple, multiple reasons. But I think being able to be within that person's context and let them have the lead … I think it is very respectful … you're working with a far more vulnerable population

14401584, 2025, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajt.70073 by Edith Cowan University, Wiley Online Library on [22/07/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

> … and your position … for me, because of the colour of my skin and because of my cultural background … trying to acknowledge and manage … the impact of that on the interaction as well
>
> (OT9)

This, in turn, supported the participants reflections in determining the acceptability of the PRPP-A in their clinical practice.

Participants identified that the optional criterion-referenced scoring processes facilitated a client and family-focused approach to the assessment, with the key people around the client informing the observations and interpretation of occupational performance. This, combined with the client and family having agency over task selection, enhanced the value of assessment findings for both the client and the occupational therapist and strengthened acceptability. 'It was really important because then she [client] was teaching us and they [family] were teaching us about … their culture. So, even though I was doing the assessment … I was … learning heaps as well' (OT10).

All participants described the PRPP-A process to be congruent with identifying and highlighting strengths in occupational performance. The ability to apply a strengths-based approach to cognitive assessment was highly valued by the participants, particularly when combined with the use of occupations of meaning and importance to the client.

> …we got her out and doing a bit more – she… loves… weaving and pandanus … used to be an amazing… basket weaver and do… mats …the best bit was… using the assessment … [as an] occupation that was really important to her…she's…loving it and her family are loving it. …being able to [document] how she used to perform that before, versus observing how she's doing it now
>
> (OT10)

3.5 | Valuing the Occupational Therapy Role (Being)

Participants described undergoing a process of change when embedding the PRPP-A in their practice. This is understood by the core elements of the OPM(A): *doing*, *knowing* and *being*. Participants described improved clinical practice (*doing*), improved knowledge of cognition (*knowing*), and reflected on enhanced meaning, value, and purpose in their occupational therapy roles (*being*) 'it's hard to remember exactly how I was looking at things before because it's changed the way that … you … observe things and assess, even informally' (OT10).

In reflecting on the process of change to routine practice, a range of social norms and values were discussed and considered by the participants in the process of determining the usefulness, acceptability and appropriateness of the PRPP-A approach in their work settings. This includes tacit knowledge of what is needed, the client and the family's needs, the health setting, and the social and cultural contexts. Participants reflected on how using the PRPP-A aligned their practice with their perception of the values that underpin occupational therapy. Their use of the PRPP-A enhanced the meaning and satisfaction they derived from their roles as occupational therapists working in this context 'what we're doing [PRPP-A] as clinicians … is useful and purposeful rather than … just picking a box and doing an assessment and … giving them a task to do just for the sake of doing it' (OT2).

In summary, researchers identified five themes representing the process of change occupational therapists described through completing PRPP-A training and using the approach in their clinical practice. This included changes to their knowledge of cognition and assessment (*knowing*), the way they worked (*doing*) and their role satisfaction and alignment to their perceived professional values (*being*).

4 | Discussion

This study explored the perceptions of 13 occupational therapists experienced in working with Aboriginal and Torres Strait Islander peoples with cognitive impairment in the NT about the *clinical utility: acceptability* of the PRPP-A for practice. Judgements about *acceptability* are made with reference to whether a new approach in a particular context supports the tacit knowledge and beliefs of therapists, enhances routine practice, and fits with broader social norms and values [21]. In this study, this translated into investigating therapist perceptions of the impact of the PRPP-A approach on their knowledge, clinical reasoning processes, practice opportunities and beliefs about the effectiveness of their practices when working with Aboriginal and Torres Strait Islander peoples.

4.1 | Tacit Knowledge and Beliefs

The findings in this study revealed enhanced tacit knowledge of participants when undergoing the process of training in and using the PRPP-A in their clinical practice with Aboriginal and Torres Strait Islander peoples. Tacit knowledge is described as being 'accrued through experience and is not easily codified or explicitly expressed … a complex interplay of knowledge and skill' [25, p. 374]. This knowledge informed the therapists growing understanding of the conflict they were experiencing in their practice when assessing cognition with Aboriginal and Torres Strait Islander peoples. They described inconsistencies between what was available in the clinical settings they worked in, what needed to be done, and what they believed should be done to support Aboriginal and Torres Strait Islander peoples with cognitive impairment. The tacit knowledge and skill accumulated through experiences working with Aboriginal and Torres Strait Islander peoples in the NT was the impetus for seeking an alternative approach to cognitive assessment in their practices. Through their experiences with the PRPP-A, participants described a greater sense of *knowing*. This included improved knowledge of cognitive function and occupational performance-embedded assessment of cognition. The process of furthering knowledge supported therapists' judgements about the appropriateness and acceptability of the PRPP-A approach.

14401584, 2025, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.70073 by Edith Cowan University, Wiley Online Library on [22/07/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Other studies of clinical utility in occupational therapy have also demonstrated a meaningful impact on therapists' perception and satisfaction with their clinical practice, including a study exploring the use of the Canadian Occupational Performance Measure (COPM), in which learning to use the COPM was found to be 'responsible for re-aligning therapist's orientation and intervention planning to their core expertise, that being clients' engagement in meaningful occupations' [26, p. 2785]. In the current study, participants also re-oriented to being more aligned with their sense of occupational therapy values through the use of an approach congruent with what needs to be done and should be done (*doing*). This finding is further supported by recent research into occupational therapists' experiences using the PRPP-A, where the process of learning and using the PRPP-A was found to align with occupational therapists' perspectives and worldviews of 'how occupational therapy practice should be' [15, p. 4].

4.2 | Enhanced Routine Practice

Practice-based decisions require consideration of a range of contextual factors, including service models, social context, and clinical situations. The clinical utility factor of *acceptability* includes consideration of 'ethical, legal, social, or psychological concerns' [21, p. 380]. Ethical and social concerns were identified and considered by the participants as one of the important contextual factors to the practice-based decisions required when considering using the PRPP-A in their practice settings. For instance, participants identified the PRPP-A to be meaningful and purposeful as clients were assessed completing tasks that held meaning to them, strengths in performance were identified, and occupational performance was evaluated using collateral information from those around the client, facilitating a collaborative approach to cognitive assessment. The use of a strengths-based approach and involvement of the client, family, and significant others were factors also identified as highly relevant in a recent study determining the clinical utility of a goal setting approach when used with Aboriginal and Torres Strait Islander peoples [27]. These findings further align to the key features of cognitive assessments for Aboriginal and Torres Strait Islander peoples previously identified in the literature, which include applying a strengths-based and collaborative approach [28]; using performance-based, relevant, familiar, and engaging formats with a decreased reliance on literacy, numeracy and language [7]. The participants in this study found the PRPP-A provided a meaningful, purposeful, and occupational performance-based measure of cognitive assessment for Aboriginal and Torres Strait Islander peoples that aligns with the *acceptability* factor within the clinical utility framework.

4.3 | Alignment With Broader Social Norms and Values

Clinical reasoning also includes the need to consider how health services are provided to people from diverse cultures. Person-centred practice models used in occupational therapy acknowledge the importance of culture in practice. The OPM(A) specifically identifies the cultural and spiritual dimensions of context and acknowledges the dynamic interplay between people/contexts and the potential contextual affordances and pressures to address [2, 15]. The process of negotiating culturally safe practice is paramount and cultural safety can only be determined by the recipient of the service. Incorporating principles of cultural safety represents a key philosophical shift from providing standardised care regardless of who an individual is, to acknowledging that each person's identity is central to the provision and experience of health care [29, 30]. Cultural safety considers peoples' unique needs and requires an ongoing process of practitioner self-reflection, cultural self-awareness, and an acknowledgement of how these factors impact the provision of care [31–33]. Importantly, cultural safety uses a broad definition of culture that does not reduce it to ethnicity only. Instead, it includes a range of variables, such as age/generation, sexual orientation, socioeconomic status, religious or spiritual beliefs, gender, and ability [34, 35]. Using the PRPP-A enabled therapists to more effectively negotiate culturally safe practice through deep consideration being given to tasks selected for assessment, the location where the assessment would be conducted, the presence of others during the assessment, for example, interpreters or family members, and the interpretation of occupational performance findings without cultural bias toward how tasks 'should' be done. When completing the PRPP-A occupational therapists and clients are supported to reach a collaborative decision on these factors and consider what is of importance to the client and their family. Participants in this study discussed how this was achieved across a range of practice settings. This required occupational therapists to think deeply about how they approached cognitive assessment and facilitated an approach that was unique to the client and their family. The use of the PRPP-A and the level of thinking and collaborative decision-making provided the opportunity for self-reflection by therapists and continual development of their own cultural self-awareness. This, in turn, impacts the care provided to the client and facilitates practising within the principles of cultural safety. This process aligns to the principles of negotiating culturally safe care in occupational therapy practice: 'As occupational therapists, we need to consider the different values and experiences that clients from all cultural backgrounds may bring to an occupational therapy intervention … It is widely recognized that this consideration of differences needs to extend to our own values and world-views, and to the ways in which these views influence a therapeutic encounter' [32, p. 238]. The ability to negotiate culturally safe care is an important element supporting acceptability of the PRPP-A when used with Aboriginal and Torres Strait Islander peoples.

Finally, of significance in this study was the impact of having available an alternative approach to cognitive assessment on the intrapersonal and socioemotional (*being*) aspects of the participants' own roles as occupational therapists in the NT. The transformation in perceptions of who they were as occupational therapists and their satisfaction with that role was profound. Participants described being able to do what needs to be done and should be done and reported this as making them 'better' occupational therapists. Recent research into the use of the PRPP-A in New Zealand reported similar findings where occupational therapists described how the process of PRPP-A training 'strengthened and clarified their identity as occupational therapists' [14, p. 4]. The concept of 'becoming' encompasses "notions of potential and growth, of transformation and

14401584, 2025, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajt.70073 by Edith Cowan University, Wiley Online Library on [22/07/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

self-actualization" [36, p. 5]. This is echoed in these findings as occupational therapists described how the process of learning and using the PRPP-A approach transformed their satisfaction with their roles and, in turn, their sense of belonging to the profession.

5 | Limitations and Future Research

The clinical utility dimension of *acceptability* of the PRPP-A was explored from the perspectives of occupational therapists. The perspectives of Aboriginal and Torres Strait Islander peoples on the PRPP-A approach are yet to be investigated and are a limitation of this study, which was contained to exploring the perspectives of occupational therapists. The study was limited to occupational therapists working in the NT and the findings reflect their perspectives and experiences, which may differ from therapists in other parts of Australia.

In considering how clinically useful the PRPP-A approach is, there is an ongoing need to determine *acceptability* from the perspectives of Aboriginal and Torres Strait Islander peoples, family members, and significant others. Further to this, the perspectives of other health professionals involved in clinical care are also identified as a future research area to enhance the overall understanding of the *acceptability* of the PRPP-A. Finally, the clinical utility dimensions of *practicability* and *accessibility* of the PRPP-A also require exploration.

The need to explore the structure, context and communication surrounding the PRPP-A approach when used with Aboriginal and Torres Strait Islander peoples arose as a finding from this research. This includes consideration of negotiating culturally safe practice when using the PRPP-A with Aboriginal and Torres Strait Islander peoples and determining whether adjustments or additional resources would further enhance the clinical utility of the PRPP-A.

6 | Conclusion

This study aimed to explore the acceptability of PRPP-A to occupational therapists working with Aboriginal and Torres Strait Islander peoples in the NT. Participants identified experiencing a profound change to their practice after learning the PRPP-A that impacted their ways of *knowing*, *doing*, and *being*. The study demonstrated that the PRPP-A is considered by occupational therapists in the NT to be clinically useful and is an *acceptable* approach to assessing cognition with Aboriginal and Torres Strait Islander peoples. The PRPP-A was found to enhance routine clinical practice through providing a strengths-based and meaningful way of assessing cognition and its contributions to occupational performance. The PRPP-A approach aligned with occupational therapists practising the way they felt they should, improved their knowledge of cognition, and enhanced clinical reasoning processes when working with Aboriginal and Torres Strait Islander peoples. Therapists described the PRPP-A approach as aligning with their professional values and furthered their satisfaction with their roles as occupational therapists. The PRPP-A approach supports the negotiation of culturally safe practice through facilitating critical reflection of therapists throughout the assessment process and enabling collaboration and communication with clients, family members, and significant others.

Author Contributions

All authors contributed significantly and are in agreement on the content of the manuscript. The study was conceived and designed by all authors. Ms. Rebecca Jarrott completed data collection. Ms. Rebecca Jarrott, Dr. Judy Ranka, Associate Professor Melissa Nott, and Associate Professor Robyn Williams contributed to data analysis.

Acknowledgements

The authors extend their sincere thanks to the occupational therapists who kindly contributed their time and shared their experiences for this research. Open access publishing facilitated by Charles Sturt University, as part of the Wiley - Charles Sturt University agreement via the Council of Australian University Librarians.

Disclosure

Ms. Rebecca Jarrott received support for this research through an Occupational Therapy School of Victoria Award in 2021. Associate Professor Melissa Nott's contribution to this research is supported by funding from Charles Sturt University Three Rivers Department of Rural Health under the Australian Government's Rural Health Multidisciplinary Training Program. Research activity, including manuscript preparation, was completed and supported by Charles Sturt University, University of Sydney and Charles Darwin University under the existing employment and PhD candidature of the authors.

Ethics Statement

Ethical approval for this study was obtained from Menzies School of Health Research Human Research Ethics Committee (2016-2718) and Charles Sturt University Human Research Ethics Committee (H17074). Informed consent processes and research were performed in accordance with the Declaration of Helsinki (as revised in Brazil 2013).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

No, the data are not available for sharing other than what is in the manuscript due to ethical restrictions.

References

1. American Occupational Therapy Association, *Occupational Therapy Practice Framework: Domain and Process*, 4th ed. (AOTA Press, 2020).

2. C. Chapparo and J. Ranka, "The Occupational Performance Model (Australia): Constructs, Structure, Propositions and Utility for Occupational Therapy Practice," in *Routledge Companion to Occupational Therapy: Theories, Concepts and Models*, ed. M. N. Ikiugu, S. D. Taff, S. Kantartzis, and N. Pollard (Routledge, Taylor & Francis Group, 2025), 93–107.

3. E. A. Townsend and H. J. Polatajko, *Advancing an Occupational Therapy Vision for Health, Well-Being, and Justice Through Occupation* (CAOT Publications ACE «Enabling Occupation II présente une vue en coupe tranversale du MCRO-P pour définir et délimiter le domaine de préoccupation des ergothérapeutes, c'est-à-dire l'occupation humaine., 2007).

4. J. Higgs, G. Jensen, S. Loftus, and N. Christensen, "Preface- Clinical Reasoning in the Health Professions," in *Clinical Reasoning in the*

14401584, 2025, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.70073 by Edith Cowan University, Wiley Online Library on [22/07/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Health Professions, 4th ed., ed. J. Higgs, G. Jensen, S. Loftus, and N. Christensen (Elsevier, 2019), ix–xii.

5. C. Chapparo and J. Ranka, "Clinical Reasoning in Occupational Therapy," in *Clinical Reasoning in the Health Professions*, 5th ed., ed. J. Higgs, G. Jensen, S. Loftus, F. V. Trede, and G. Sandra (Elsevier, 2025), 292–306.

6. C. Unsworth and A. Baker, "A Systematic Review of Professional Reasoning Literature in Occupational Therapy," *British Journal of Occupational Therapy* 79, no. 1 (2015): 5–16.

7. K. Dingwall, A. O. Gray, A. R. McCarthy, J. F. Delima, and S. C. Bowden, "Exploring the Reliability and Acceptability of Cognitive Tests for Indigenous Australians: A Pilot Study," *Bmc Psychology* 5, no. 1 (2017): 26.

8. E. Hindman, P. Hassmén, A. Orchard, K. Radford, K. Delbaere, and G. Garvey, "Clinicians' Views on Cognitive Assessment With Aboriginal Australians," *Australian and New Zealand Journal of Psychiatry* 58 (2024): 134–141, https://doi.org/10.1177/00048674231183354.

9. D. Rock and I. R. Price, "Identifying Culturally Acceptable Cognitive Tests for Use in Remote Northern Australia," *BMC Psychology* 7, no. 1 (2019): 62.

10. R. L. Smith, J. Ranka, and M. T. Nott, "Using the Perceive, Recall, Plan and Perform Assessment of Cognitive Strategy Use With Aboriginal and Torres Strait Islander Peoples: Initial Exploration of Clinical Utility," *Australian Occupational Therapy Journal* 70, no. 4 (2023): 446–459.

11. D. LoGiudice, K. Smith, J. Thomas, et al., "Kimberley Indigenous Cognitive Assessment Tool (KICA): Development of a Cognitive Assessment Tool for Older Indigenous Australians," *International Psychogeriatrics* 18, no. 2 (2006): 269–280.

12. A. Hartman-Maeir, H. Harel, and N. Katz, "Kettle Test—A Brief Measure of Cognitive Functional Performance: Reliability and Validity in Stroke Rehabilitation," *American Journal of Occupational Therapy* 63, no. 5 (2009): 592–599.

13. T. J. Wolf, D. Farrar Edwards, and G. Muir Giles, eds., *Functional Cognition and Occupational Therapy: A Practical Approach to Treating Individuals With Cognitive Loss* (AOTA Press, 2019).

14. W. Burrows, C. Hocking, and C. Chapparo, "Learning, Translating, and Applying the Perceive, Recall, Plan, Perform System of Task Analysis Assessment to Practice: Occupational Therapists' Experiences," *British Journal of Occupational Therapy* 85, no. 7 (2022): 496–504.

15. J. Ranka, C. Chapparo, and M. T. Nott, "Cognition, Perception and Occupational Participation," in *Occupational Therapy for People Experiencing Illness, Injury or Impairment*, 8th ed., ed. M. Curtin, M. Egan, D. C. da Cruz, et al. (Elsevier, 2025).

16. M. Radomski Vining and M. T. Morrison, "Assessing Abilities and Capacities: Cognition," in *Occupational Therapy for Physical Dysfunction*, 7th ed., ed. M. Radomski Vining and C. A. Trombly Latham (Lippincott Williams & WIlkins, 2014), 199–212.

17. D. Sansonetti and T. Hoffmann, "Cognitive Assessment Across the Continuum of Care: The Importance of Occupational Performance-Based Assessment for Individuals Post-Stroke and Traumatic Brain Injury," *Australian Occupational Therapy Journal* 60, no. 5 (2013): 334–342.

18. S. Juntorn, S. Sriphetcharawut, and P. Munketvit, "Effectiveness of Information Processing Strategy Training on Academic Task Performance in Children With Learning Disabilities: A Pilot Study," *Occupational Therapy International* 2017 (2017): 6237689.

19. P. Munketvit, "Cognitive Assessment in Patients With Acquired Brain Injury in Thailand," (unpublished PhD thesis, Available From Discipline of Occupational Therapy, Faculty of Health Sciences, The University of Sydney, Lidcombe, NSW, Australia, 2005).

20. C. Vattanaphan, A. Kaunnil, M. Sy, and P. Munkhetvit, "Effect of the Cognitive Strategy Training Protocol on Task Mastery and Cognitive Performance During the Instrumental Activity of Daily Living in Stroke Patients," *Journal of the Medical Association of Thailand* 56, no. 3 (2023): 22–33.

21. A. Smart, "A Multi-Dimensional Model of Clinical Utility," *International Journal for Quality in Health Care* 18, no. 5 (2006): 377–382.

22. V. Braun and V. Clarke, *Thematic Analysis: A Practical Guide* (SAGE Publications Ltd, 2022).

23. K. Malterud, V. D. Siersma, and A. D. Guassora, "Sample Size in Qualitative Interview Studies: Guided by Information Power," *Qualitative Health Research* 26, no. 13 (2016): 1753–1760.

24. V. Braun and V. Clarke, "Using Thematic Analysis in Psychology," *Qualitative Research in Psychology* 3, no. 2 (2006): 77–101.

25. M. J. Metzler and G. A. Metz, "Translating Knowledge to Practice: An Occupational Therapy Perspective," *Australian Occupational Therapy Journal* 57, no. 6 (2010): 373–379.

26. D. Roe, T. Brown, and L. Thyer, "Validity, Responsiveness, and Perceptions of Clinical Utility of the Canadian Occupational Performance Measure When Used in a Sub-Acute Setting," *Disability and Rehabilitation* 42, no. 19 (2020): 2772–2789.

27. J. A. Copley, A. Nelson, A. E. Hill, et al., "Reflecting on Culturally Responsive Goal Achievement With Indigenous Clients Using the Australian Therapy Outcome Measure for Indigenous Clients (ATOMIC)," *Australian Occupational Therapy Journal* 68, no. 5 (2021): 384–394.

28. I. Bohanna, J. Catherall, and K. Dingwall, "Ensuring Indigenous Australians With Acquired Brain Injuries Have Equitable Access to the National Disability Insurance Scheme," *Australian and New Zealand Journal of Public Health* 37, no. 6 (2013): 587.

29. A.-K. Eckermann, T. Dowd, E. Chong, R. Gray, and L. Nixon, *Binan Goonj: Bridging Cultures in Aboriginal Health* (Elsevier, 2010).

30. K. Taylor and P. Guerin, *Health Care and Indigenous Australians: Cultural Safety in Practice* (Macmillan International Higher Education, 2019).

31. R. DeSouza, "Wellness for All: The Possibilities of Cultural Safety and Cultural Competence in New Zealand," *Journal of Research in Nursing* 13, no. 2 (2008): 125–135.

32. A. Nelson, "Seeing White: A Critical Exploration of Occupational Therapy With Indigenous Australian People," *Occupational Therapy International* 14, no. 4 (2007): 237–255.

33. I. Ramsden, "Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu," (dissertation, Victoria University of Wellington, 2002).

34. L. Cox, "Social Change and Social Justice: Cultural Safety as a Vehicle for Nurse Activism," in *Proceedings of the 2nd Critical Perspectives in Nursing and Health Care International Conference* (University of Sydney, 2016).

35. R. Williams, "Working in Indigenous Primary Health Care: A Continuous, Interconnected and Multifaceted Journey for Health Professionals," (thesis, Charles Darwin University, 2019).

36. A. A. Wilcock, "Reflections on Doing, Being and Becoming," *Canadian Journal of Occupational Therapy* 65 (1998): 248–257.

14401584, 2025, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajt.70073 by Edith Cowan University, Wiley Online Library on [22/07/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License