

Chapter:

Making implicit occupational therapy curriculum expectations explicit and using translanguaging to navigate literacy practices

NAVIGATING LITERACY PRACTICES USING TRANSLANGUAGING

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1 Introduction

Occupational Therapy is a profession whose knowledge base straddles the medical and social sciences. The main goal of the profession is to promote health, well-being, justice, and improved quality of life through participation in occupations (World Federation of Occupational Therapists [WFOT], 2012). When there are disruptions in an individual or groups' ability to participate in occupations that are deemed important, necessary, or desired, the services of an occupational therapist are sought (Ramafikeng, 2018). Occupational therapists adopt an approach referred to as the occupational therapy process in interaction with service users, hence occupational therapy programmes worldwide educate students on how to implement this process.

The Occupational Therapy curriculum comprises of two components: the classroom-based and practice education components. This chapter focuses on the practice component, which is "the curriculum that guides professional training" (Duncan & Lorenzo, 2006, p. 51). This curriculum is delivered through practice learning or fieldwork as it is referred to in some contexts. The aim of this component is to provide students with an opportunity to use theory in practice and develop professional competencies under the supervision and support of an occupational therapy expert (Still, 1982). Professional competencies comprise demonstrating knowledge of the context or situation, clinical practice

skills, professional values and behaviours, and clinical reasoning guided by theory (Holmes et al., 2010). These competencies develop through and during implementation of the occupational therapy process.

Practice education is an important bridge between theory-focused classroom teaching and practice itself (Cline, 2012). However, research has shown that the theory-practice link is often not emphasized to students during occupational therapy training (Ikiugu & Rosso, 2003) and students often encounter difficulties in this area due to complexities of the process of transition from classroom to practice (Aston & Molassiotis, 2003; Bonello, 2001; Duncan & Alsop, 2006). To improve teaching and learning of practice education, there needs to be an understanding of what and how students learn in practice learning, hence the focus on literacy practices.

Student success in higher education remains persistently low (Crosling et al., 2009; Moodley, 2015; Beer & Lawson, 2017) and the rate of success among students whose backgrounds are significantly different from that of the majority is even worse (Strydom et al., 2010; Council of Higher Education, 2013; Yeld, 2010). The assumption that is the basis of this chapter is the view that literacy practices determine attainment of curricula outcomes, therefore making these practices explicit could shed light on where students experience challenges in fulfilling curricula expectations. Studying literacy in practice education would provide insight into issues of attainment of educational outcomes in this context. Literacy practices in occupational therapy practice education have not been documented and the concept of literacy has not been well explored in occupational therapy literature. This omission presents a challenge when aiming to improve teaching and learning in occupational therapy practice education.

1.1 Chapter Overview

The chapter explicates literacy practices in occupational therapy practice education discourse. Explicating literacy practices brings to the fore taken-for-granted assumptions and aspects of curricula, therefore making it possible to assess their relevance and usefulness in the training of future health professionals in this century. Identifying literacy practices could illuminate instances of hegemonies perpetuated by and through curriculum expectations and unjust pedagogic practices that favour students' whose backgrounds align with higher education values, culture, and knowledge processes. In addition, translanguaging is introduced as a useful pedagogic strategy that was implemented to

enable students from diverse linguistic backgrounds to navigate an aspect of these literacy practices.

The chapter begins with a theoretical grounding of main concepts, such as literacy event and practices. This is followed by an outline of literacy practices in occupational therapy practice education. An example is shared of how taken-for-granted assumptions could result in misinterpretation of instructions, especially for students who have English as an additional language. The concept of translanguaging is introduced and then applied in a case example to demonstrate its use as a strategy for clarifying terms in professional genre. This genre is reproduced by students as part of enacting literacy practices.

2 Literacy

Literacy is a useful concept for conceptualising what students do in practice education. This is because, literacy refers to the ability to read and write; it is a set of cognitive skills that an individual acquires (Gee, 1996; Kelder, 1996; Street, 1984) mainly through schooling. However, this decontextualized, apolitical view of literacy, has been heavily critiqued (Street, 2003) as it negates the sociocultural nature of learning.

A sociocultural approach to literacy that conceptualises it as social practice, rather than simply the ability to read and write (Gee, 1991; Street, 1996) was then introduced. Some of the fundamental principles of this approach are that; there are multiple literacies, not just reading and writing; literacy is always situated in context; varying across time, space, and culture, thereby yielding different outcomes at different points in time and space under different circumstances; and literacies are ideological, always contested and with a desire to dominate others (Gee, 1991; Street, 2003). A definition that captures these principles was coined by Lankshear and Knobel (2006) who define literacies as “socially recognized ways of generating, communicating and negotiating meaningful content through the medium of encoded texts within contexts of participation in Discourses” (p. 64). During interaction with occupational therapy service users, students are expected to decode encoded disciplinary texts as part of negotiating access to and participating in the practice education discourse (Ramafikeng, 2018). Developing professional competencies could be regarded as a process of

acquiring literacies that enable students to master practice education discourse-specific literacy activities.

“Observable activities where literacy plays a significant role and texts are central to the activity” and are referred to as literacy events (Barton, Hamilton & Ivanic, 2000, p. 8). Practice education literacy activities unfold through literacy events. These events are mediated by non-observable activities that shape literacy activities and they are referred to as literacy practices. Literacy practices “incorporate literacy events” (Street, 1993, p.13). These practices constitute the non-observable behaviours and understandings of literacy that shape participation in the literacy event, and they include “values, attitudes, feelings, relationships” (Street, 1993, p.12), knowledge, skills and embodied social purposes (Mannion & Ivanic 2007). In occupational therapy, literacy practices include both the observable and non-observable behaviours involved in producing, re-producing, and transforming occupational therapy theory and knowledge in a practice situation (Ramafikeng, 2018). These practices include actions, activities, knowledge, attitudes, values, and skills that are often not made explicit, even though they are key to successful attainment of learning outcomes.

The study from which this chapter is drawn, aimed to describe, analyse, and explain the learning processes that students who are African language speakers engage in as they navigate practice education. This chapter reports on the findings of the first level of analysis that led to identification of literacy practices in occupational therapy practice education discourse. Literacy events are often studied to learn about literacy practices (Hamilton, 2000). The occupational therapy literacy events were identified as activities that are made up of sub-activities which are smaller tasks. The occupational therapy process was drawn on to identify occupational therapy practice literacy events as outlined in the Table 1 below:

Occupational therapy process	Literacy events
1. Naming the focus of intervention	1. Conducting assessments
2. Framing the action	2. Planning intervention
3. Acting	3. Implementing intervention
4. Evaluating the outcome	4. Evaluating the implementation process

TABLE 1: Mapping occupational therapy practice literacy events (Ramafikeng, 2018:72)

2.1 Occupational therapy practice literacy practices

The literacy events were conceptualised as activities in alignment with Gee's Building tasks and each of the four activities were analysed using Gee's Building tasks (Gee, 1999). This process led to identification of the literacy practices in occupational therapy, which are both the activities and their constituents as well as the implicit requirements for engaging in the activities; the observable and non-observable elements that make up each activity as presented below:

1. **Conducting assessments** is an activity aimed at identifying the service user's needs and prioritising intervention. This activity is made up of three sub-activities.
 - a) The first sub-activity is selecting suitable assessments from a range of assessments that students were introduced to in the classroom and on site. This selection process requires knowledge of both the assessments and the various diagnoses that service users may present with.
 - b) The second sub-activity is applying the selected assessments and assessment methods. This requires both knowledge and proficiency in carrying out the assessments and methods. Observing and interviewing the service user, reading the file and sourcing collateral information from family members or other team members on site are methods often used when implementing assessments. Skills and methods are used to obtain information pertaining to the area being assessed and sometimes specific tools are used. To embark on the process of applying selected assessments and assessment methods, the student requires interpersonal and interviewing skills among other competencies to be able to engage with the service user. Time management skills are also important, because in most cases, students have a limited time with the service users. Another vital skill is the ability to capture findings and observations during the process of applying the selected assessment. These competencies are often not made explicit to students and to some

degree they constitute the non-observable elements of the sub-activity.

- c) The third sub-activity is interpreting assessment findings which requires reasoning and skills in interpretation, as well as the ability to document the findings in the preferred way as a problems and assets list. Some standardised assessments require scoring therefore, students must be proficient in performing this task and then interpreting the scores. Reasoning and interpretation are the non-observable elements of this sub-activity.

Conducting assessments is a literacy event which improves with practise. Mastery enables the student or therapist to establish a baseline for intervention.

- 2. **Planning intervention** is aimed at drawing a plan for identified and prioritised needs. Students are expected to engage in the following three sub-activities.

- a) The first sub-activity is to prioritise needs, thereby making a decision regarding the focus of intervention. This entails employing clinical reasoning and working with the service user to identify priority problems, which would be the focus of intervention. An important action that concludes this sub-activity is formulation of intervention goals or aims. Another action is to select the most suitable intervention. The actions are important, because the other sub-activities to follow are to be guided by the aim or goal of intervention and the selected intervention. Drawing the goal for intervention requires synthesis of information about the person's abilities, needs and interests (obtained from the assessments), context specific knowledge about the person and the site, medical knowledge about the diagnosis and prognosis to inform the decision on the focus of intervention and the best intervention approach. Knowledge synthesis and applying clinical reasoning are the non-observable elements of this sub-activity which are often not taught explicitly.
- b) The second sub-activity is using context specific knowledge, occupational therapy practice models and theories to guide the intervention plan. This sub-activity

requires knowledge of the practice models and other relevant theories from cognate disciplines. Some of the knowledge required in planning intervention includes clinical sciences knowledge regarding the diagnosis and disease progression, approaches to treatment of the diagnosis and handling of service users with the diagnosis and lastly, theories on human development across the life span. Three actions of this sub-activity are listed below.

- i. Selecting the most appropriate practice models and relevant theories for the situation at hand amongst a range of available ones.
- ii. Drawing principles from the selected models or theories and frames of reference to guide treatment is another action of the sub-activity. This is a skill that students often struggle with as it is through practice and scaffolding that one learns to draw principles from theory. In addition to the principles that students draw from theories, students are given a set of general practice principles for physical and mental health practice.
- iii. Selecting the most appropriate general practice principles for the planned intervention is the next action. This means that the student is expected to have several categories of principles drawn from each of the theories that were identified as relevant for guiding intervention in that situation. Drawing principles requires the ability to conceptualise how to use the specific theory in practice. This process is non-observable and requires knowledge and understanding of theory. The student must demonstrate how the principle will be applied in this intervention to bring about change. In summary, the categories of principles that students include in their intervention plan are outlined below.
 - Principles guided by medical knowledge (referred to as diagnosis related principles).

- Principles that guide occupational therapy intervention for a specific diagnosis (referred to as general practice principles).
 - Principles related to the developmental stage of the service user.
 - Principles guided by occupational therapy practice models that focus on improving occupational performance.
 - Principles that guide handling of the service user, the structure of the activity to be used in intervention and the structure of the environment, these are often drawn from theories from cognate disciplines.
- c) The final sub-activity is to identify an activity that will be used as a means to achieve the treatment aims or goals. The choice is guided by theory specific to the diagnosis as well as the service user's needs as outlined in the problems and assets list. To achieve fit between the activity selected and needs and current abilities of the service user, the student has to conduct an activity analysis. This analysis ensures that the activity will enable attainment of the treatment goal.

Documenting the treatment plan using the planning log format is an important action of planning intervention as it serves as a record. This process of documenting is also used to facilitate development of clinical reasoning. The planning log is professional genre which is made up of sections such as a brief introduction of the service user, the aims or goals, selected activity and the rationale for choice, the principles, grading and the precautions to take during the intervention. At times students are unable to distinguish between handling principles and precautions.

3. **Implementing intervention** refers to the process of putting the plan into action using the selected activity. The student uses different forms of clinical reasoning proposed by Mattingly and Fleming (1994), 'reflection-in action' and clinical practice skills to attain the intervention goal while monitoring progress. During this process, the student is expected to behave and embody

professional values, like an occupational therapist cognisant of ethical principles.

This activity of implementing intervention requires the student to keep the planned log at the back of the mind and to remain cognisant of any critical incidents that happen during the intervention process. These incidents are subjective evaluations and observations that could range from moments when a particular theory comes to life for the student, when they use themselves as therapeutic agents of change, when a change occurs in the service user because of the intervention process or when there is resistance to aspects of intervention. The cognitive skills required to implement intervention are non-observable and often not made explicit.

4. **Evaluating the process** is the final activity in which the student evaluates the implementation of intervention process. This sub-activity requires students to reflect on their own practice, to critically appraise the intervention session and note what was learned from what happened during the session. It is also expected that students can articulate their evaluation verbally or in writing. Theory is used to make sense of what happened during intervention. The student is also expected to make future projections regarding the service user's recovery or rehabilitation trajectory. This is informed by observations and deductions made during intervention, prognostic indicators and feasible action within the health-care system or the service user's home context.

Professional reasoning, which encompasses clinical reasoning and the ability to draw from different sources of knowledge to inform decision-making is a non-observable behaviour in all literacy practices.

Clinical reasoning is the overarching key non-observable element in all literacy events outlined above.

2.2 ***Decoding professional genre features***

An output of the literacy event of planning intervention is producing professional genre. This genre is a discourse artefact whose production is regulated by the discourse community (Swales, 1990). Producing the planning log requires the student to handle features of each component of the log, using specific language conventions for each component to

present content knowledge (Ramafikeng, 2018). The section below, shows how literacy event 2 Planning intervention, sub activity 2, sub section iii was explicated in a tutorial session and how translanguaging was drawn on to ensure understanding of different concepts. This was done to improve re-production of professional genre. The focus in this section will be on the 'precautions' and 'handling principles' components of the planning log.

3 Translanguaging as a pedagogic strategy

Translanguaging is defined as “the deployment of a speaker’s full linguistic repertoire without regard for adherence to socially and politically defined boundaries of named languages” (Otheguy, Garcia & Reid, 2015, p. 283). It is important to note that translanguaging is what multilingual speakers do on a daily basis to make sense of their world (García, 2009; Wei, 2011). Multilingual students engage in translanguaging regularly outside the classroom to make sense of what they are learning, therefore bringing this practice into formal teaching, and learning spaces is a way of granting epistemic access (Makalela, 2015). Hence, as a pedagogic strategy, translanguaging is about creating a space where multilingual students have the freedom to intentionally use their full linguistic repertoire to facilitate learning, thereby maximising student participation (García & Wei, 2014). This can include purposely alternating languages of input and output (Makalela, 2015).

3.1 The case

Following completion of the research that led to identification of literacy practices, the taken-for-granted assumptions about curriculum expectations became more evident. Insights gained from the research were drawn on to inform facilitation of academic support tutorial spaces where most students spoke an African language as a home language. The case example below is from this tutorial space.

The example shows the use of translanguaging to facilitate understanding of two features of professional genre in occupational therapy practice learning. The participants were a group ($n=8$) of multilingual third year occupational therapy students. The study

explored the use of translanguaging as a pedagogic strategy. Some of the members of this group were referred for academic support as they were identified as at risk of failing. Translanguaging is a strategy that is regularly used in this space to facilitate learning. Although, the main language of communication is English, the both the educator and students draw on their multilingual repertoire for meaning making.

This excerpt shows a typical moment in the tutorial, where the researcher as the educator observes that students were not differentiating between content that is categorised as a 'handling principle' vs that which is identified as a 'precaution.' The moment begins with a participant sharing that she is not confident that how she writes handling principles is the correct way, then she gives the example below:

F2: Coz what I wrote was, when the patient is getting aggressive, don't shout back at them, uhm... talk to them in a calm manner.

Educator: Ok, comments?

F3: I think that's a precaution... but not how you phrased it

F2: Ok...

F1: That's more of a precaution...

Educator: How is that a precaution versus a handling principle?

Here the educator elicits engagement from other participants by posing the question, instead of directly responding to the participant that shared her uncertainty. The participants respond as follows:

F4: Because we know he can get aggressive, neh <right?>? And then how are you going to deal if he becomes aggressive? I think like, handling principles... we trying to not get them there, but with handling principles, when they're there... like what do you do...

F2: Makes sense... ya...

F4: I don't know...[Whispers]... I'm, I'm saying obana <I'm saying that>...I think ihandling principles neh, <I think handling principles, right?> are trying to... to get them to function ku sispace <in this space> then we say like "do this," like you not trying to trigger them, that's how we handle this diagnosis, so that they can be productive in a way. But then with precautions I think, when they're already triggered, then how do you deal with the... repercussions of that.

F2: I think personally with the precautions, it's precautions that you are going to uphold in that session. It's coz I'm thinking like, let's say the

patient was showering, let's say the precaution is to make sure that the floor is not wet so that they don't slip...or something like that.

F5: ...Wait...oh so my... my supervisor from my 1st uhm block said for iprecautions <*precautions*>, try to uhm, start it with avoid instead of... like when you say 'make sure' it sounds like a principle than a precaution.

Participants, F3 and F5 highlight the importance of language conventions; how to phrase content when handling features of genre and that supervisors reinforce these conventions. The excerpt also shows how the participants 'select language features and soft assemble their language practices in ways that fit their communicative needs' (García, 2011, p.7). The boundaries of named languages have become fluid, for instance, where prefixes are added to English words e.g., *iprecaution*, *ihandling principle* and *ku sispance*. As Makalela (2015) asserts, "translanguaging does not recognise boundaries between languages, but focuses on what the speakers do with their language repertoires" (p.17). This fluidity could signal what is happening cognitively for this participant, perhaps she is translating the question into her home language, then the answer back to English while she gives the output.

The participants continue attempting to distinguish between the concepts and through the conversation, there are some light bulb moments where the distinction becomes clearer as is evident for F4 in the excerpt below:

F5: uhm for me, it sounds like *ihandling principle* <*handling principles*> and precaution, they go together because they're both trying to prevent something from happening.

Educator: Mara ha o ngola log <*but when you write a log*>, they come separate. So, [inaudible] which information goes where?

F4: *iPrecautions azi preventi* <*do precautions not prevent*>then *ihandling* <*handling*> enables?

M1: Principles... mna <*for me*> that's how I feel... Uhm they can prevent and also facilitate, right? But the precautions...

F4: But *iprecautions* <*precautions*>avoid all together

M1: ...But another thing I'm thinking is that, princip... like, sorry *handling principles*, can be universal, but precautions cannot.

F3: So specific to the person.

F4: ... iprinciples <principles> sound like enablers... To enable them to function in the space, what we should do.

Educator: Uh-huh...

F4: ... and then precautions, to avoid altogether. Cause I remember in physical, uhm the precautions were ok "put the brakes on before you do the transfer" nton ntoni... you were trying to make them not to fall. Just don't drop the client, basically. But iprinciples <principles> are... umm where you should hold to facilitate movement... Uyabona <can you see?>...

F2: That makes sense.

F4: I didn't think of that when I was writing the log though....

The repetition could suggest verifying for herself that she understands the difference between the concepts, and she solidifies her understanding by giving an example from her practice learning experience. Following this, the educator guided the conversation towards establishing the basic meaning of the two concepts, drawing on translation of the concepts into named languages of the participants' choice. The participants and educator translated 'precautions' into African languages, such as IsiXhosa and Sesotho: izilumkiso, tshabiso, tlhokomediso and handling principle was translated as: indlela yo'phatha and yindlela esizaw'qhuba ngayo.

The educator then drew the participants attention to the function of the concepts as another way to differentiate between them as shown in the excerpt below:

Educator: I... What's a precaution trying to do?

F3: To keep you safe...

Educator: E hee. So, if you go with line ea safety as the baseline, for precautions, akere <if you go with the line of safety as a baseline for precautions, right?>? We're trying to keep everybody safe... the clients as well as the facilitator, ka di precaution <the clients as well as the facilitator with the precautions>. We can still do that, and all of that, but not achieve the session aim.

F5: Hmm? -Uhm andik'vanga <umm I don't get you>...

F3: Azidibananga ne session <are they not connected to the session?>?

Educator: Ziyadibana! <they are connected> [Laughing]

F4: You can do them without meeting the aim. Like zikhona... funeke zibe'khona <like they are there... they have to be there>... and like they don't feed into the aim directly, zinto efanekke zibe khona zona <and like they don't feed into the aim directly, it's things that have to be there>, but...

F3: Oooh! So azinyanzelekanga zifeede kwi aim? <so, they do not have to feed into the aim?>

F4: Eeh... <yes>

M1: Mmm...

F3: Ndiya kuva ke. <I hear you/I understand>

M1: So, this is basically saying you have a team, but you only defending... but you wanna win. How are you gonna score if you only have defence... [inaudible]

ALL: [Laughing]

M1: I'm making...I'm understanding it on my own

The example by M1 shows understanding of the function of a precaution, which reiterates Garcia and Li's (2015) that translanguaging can promote understanding of content. Drawing on the discussion above, the function of a precaution is to prevent mishaps and this prevention does not necessarily directly result in achievement of the goal of intervention. Whereas, the function of a handling principle is to enable the service user, with the guidance of the therapist to attain the goal of intervention.

4 Discussion

The chapter presented literacy practices in occupational therapy practice education discourse and an example of how translanguaging was used to facilitate understanding of some components of the professional genre that is part of the literacy practices. Making the literacy practices explicit, shed light on practice education expectations and what is required of students to fulfil them. This could enhance student learning

as it is clear to them, what knowledge, skills, and actions they need to take in practice learning, to successfully attain education outcomes. Both minority and mainstream students would benefit from this articulation.

For educators, articulating literacy practices understanding of the practice education curriculum and could highlight aspects of the curriculum that students experience as challenging. This would enable them to identify student support needs. To improve performance, there is a need to understand factors that influence student learning (Bonsaksen et al., 2017). Different aspects of the literacy practices would require different support strategies and developing targeted intervention strategies could improve the efficiency of the intervention, which would in turn result in improved academic performance. In this chapter, translanguaging was used as an intervention strategy to address an emerging need.

The case demonstrated a process of decoding features of professional genre using translanguaging. This process led to an improved understanding of the concepts among the participants. Translanguaging was found useful in enabling multilingual students to gain deeper understandings of content as they draw on their multilingual resources to construct meaning (Guzula, McKinney & Tyler, 2016; Otheguy, Garcia & Reid, 2015). This was reiterated by Makalela (2015) who explicitly stated that “when more than one language is used to access the same content, the learners develop a deeper understanding of the subject matter” (p.

16). Translanguaging grants epistemic access to multilingual students (Makalela, 2015), therefore increasing successful attainment of education outcomes among these students (Yilmaz, 2019).

In the case example, input was given in one language and output in another. The next step in the output was for the participants to write the logs in English in alignment with the literacy practices. Barker (2011) indicates the complexity of this by highlighting that “to read and discuss a topic in one language, and then to write about it in another language, means that the subject matter has to be processed and ‘digested’” (p.289). Using more than one language in class was found to have cognitive and acquisition advantages that are not associated with monolingual classrooms (Makalela, 2015). Processing and digesting content has a high cognitive demand on multilingual students, although it is often taken-for-granted.

The case example showed how translanguaging could be used as a tool itself to improve student participation in their own learning. This finding is similar to that of a study where translanguaging was used as tool to foster inclusion and participation among learners (Guzula, McKinney & Tyler, 2016) who often find themselves on the margins of participation in education. Translanguaging begins the process of transforming education in a context made up of diverse students and educators. As a transformative pedagogic practice, it promotes and legitimizes languages and linguistic repertoires that are often marginalised, (Yilmaz, 2019; Makalela, 2015; Lasagabaster & Garcia, 2014) and gives a voice to language-minoritized students (Flores & García, 2017), and disrupts anglonormative practices that prevail in most education institutions (Guzula, McKinney & Tyler, 2016).

However, translanguaging as a pedagogic strategy is not yet well established in literature, particularly in the health sciences. There is a need for more detailed studies that experiment with translanguaging in a variety of teaching and learning spaces to assess its effectiveness on ways of knowing and making sense of the world (Makalela, 2015).

5 Conclusion

Overall, the chapter proposes that articulating literacy practices makes curriculum requirements explicit, which enhances student learning. The occupational therapy literacy practices for the practice education component of the curriculum were framed using the occupational therapy process, a universal process that occupational therapists implement in practice. Therefore, insights gained from the process of articulating these practices would benefit occupational therapy educators, practitioners, researchers, and students, regardless of their background.

Explicating literacy practices and overall curriculum expectations could diminish instances of multivariate interpretations of instructions as they would highlight the difference between the intended interpretation of the instruction vs what the students read as the instruction. This articulation could promote fairness as all students are privy to both the observable and non-observable curriculum requirements. To improve teaching and learning of practice education, there needs to be an understanding of curriculum expectations and how

students master literacy practices. For instance, when the basic meaning of concepts is not understood or unpacked, instructions related to the concepts can be misunderstood, which could lead to failure to successfully meet curriculum expectations. Drawing on multilingual students' languaging practices in facilitating learning can improve academic performance among language-minoritized students.

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