CPD REFLECTIVE PRACTICE WORKSHEET

Episode 01: Our Stories and Why We're Here

Hosts: Tracy Stackhouse · Cory Dundon · Michelle Maunder

LISTENER NAME	DATE LISTENED
TOTAL LISTENING + REFLECTION TIME (MINS)	CPD HOURS CLAIMED

Episode Summary

This is where it all begins. Before we get into postural systems and praxis and everything to come, we wanted you to know who we are and how three paediatric OTs on opposite sides of the world ended up in conversation together. In this very first episode, the three of us simply introduce ourselves. Michelle and Cory are in Orange, regional New South Wales, and Tracy joins from Denver, Colorado, where she co-founded Developmental FX. We trace how we each found our way into paediatric occupational therapy, what Camp Jabiru and years of mentoring brought us together, and why we felt these conversations were worth opening up to a wider audience. It is part origin story, part mission statement. We talk about the SPIRIT model that gives the podcast its name, why mentoring and clinical reasoning sit at the centre of advancing practice, and our quiet hope that these episodes might be a bit of backup for therapists carrying a heavy load. Underneath the introductions sits the thread that runs through everything to come: mentoring, clinical reasoning, and bringing your whole self to the work.

Resources & Mentions

- The SPIRIT model, Tracy Stackhouse's clinical reasoning framework, developed and refined through her team and the research at Camp Jabiru, and the source of the podcast's name.
- Developmental FX, Denver, Colorado, the clinic Tracy co-founded.
- Camp Jabiru, the shared experience that first brought the three of us together.

Reflection Prompts

Take a few quiet minutes to consider each prompt and write freely. Add or remove a prompt block to suit the episode.

1. We each describe how our clinical confidence came from mentoring and deliberate, ongoing learning rather than from university alone. Where has the most meaningful growth in your own practice actually come from?

2. We make the case that mentoring is core practice, not a nice-to-have, and that asking for it is a sign of good practice, not a gap. Where could you seek out, or offer, mentoring more deliberately?

3. We describe clinical reasoning as the way we elevate practice: deconstructing the whole child, zooming in on the sticky bits, and zooming back out to integration. How consciously do you move between those views in your own thinking?

4. We name the real risk of burnout in the helping professions. What helps you bring your whole self to the work and sustain yourself in it, and where do you need more backup right now?

5 **Each of our three paths into paediatric OT looked different. As you start this series, what is the question or area of practice you most want these conversations to help you grow in?**