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CAOT PRESIDENT

Sue Baptiste, MHSc

CAOT Executive Director

Claudia von Zweck, PhD

RETURN UNDELIVERABLE CANADIAN ADDRESSES TO:

CAOT – CTTC Building
3400 – 1125 Colonel By Drive
Ottawa, Ontario K1S 5R1 CAN
E-mail: publications@caot.ca

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MANAGING EDITOR

Janna MacLachlan, MSc (OT), OT Reg. (Ont.)
Tel. (613) 523-2268 ext. 266, Fax (613) 523-2552, email: otnow@caot.ca

TRANSLATION

De Shakespeare à Molière, Services de traduction

DESIGN & LAYOUT

JAR Creative

OT NOW EDITORIAL BOARD

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(613) 523-2268, ext. 232
E-mail: advertising@caot.ca

SUBSCRIPTIONS

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Occupational therapists come together to explore *Occupations and practice through time*

Janna MacLachlan, Managing Editor, *Occupational Therapy Now*

In the heart of Old Quebec City, just a short walk from the Plains of Abraham and the old city walls, rich with history, the Canadian Association of Occupational Therapists held its 2012 Annual Conference. It was an apt location to explore this year's theme, *Occupations and practice through time*. More than 600 delegates registered for the conference, which took place from June 6-9. In this special issue of *OT Now*, you will find highlights from some of the presentations that took place.

More than 400 paper presentations, poster presentations and extended discussions were featured in this year's conference. Topics included all areas of practice, and content ranged from formal research reports and discussions of theory to descriptions of programs and experiential learning. Participants had an opportunity to contribute their experiences and ideas to discussions at the two professional issue forums (see pages 14 and 16 for details). Simultaneous translation in one of the presentation rooms allowed for French and English presenters and participants to access information in their language of choice. This year, for the first time, many presentations were audio-recorded and will be available with presentation slides on CAOT's new Live Learning Centre (see page 5 for details).

This year's keynote address was presented by Professor Daniel Weinstock, Canada Research Chair in Ethics and Political Philosophy. In his presentation, Professor Weinstock discussed the concept of occupation and how it connects with his area of philosophy. Dr. Weinstock explored occupation as a necessary element to address when considering issues of



Promoting the new Trial Occupational Therapy Exam and Manual.

equality and reminded us that as occupational therapists we work at the forefront of encouraging a just society.

Fitting with the conference theme, occupational therapy's history and development were cited frequently in Dr. Juliette Cooper's Muriel Driver Memorial Lecture, in which she explored *Reflections on the professionalization of occupational therapy*. She outlined the many changes that our profession has gone through over the years but emphasized that we still have work to do to increase our visibility and to educate the public about the concept of occupation. Dr. Cooper encouraged occupational therapists to support their professional organizations as a one method of meeting these goals.

The plenary session featured a multi-disciplinary panel of experts in end-of-life care. Varying perspectives on euthanasia were presented, as well as the role of occupational therapy with clients at end of life. See page 10 for a summary of this discussion.

The Musée national des beaux-arts de Québec provided an inspirational setting for the social event on Thursday evening. Delegates had the opportunity to explore an exhibit of works by Quebec artist, Jean Paul Riopelle, and another exhibit featuring a collection of figurative and abstract art. Following a delicious four-course meal, the Canadian Occupational Therapy Foundation held its live auction, raising \$6,100 for occupational therapy research! The following night, students from Université Laval and Université de Québec à Trois



Mary Law and Nancy Pollock.



Dr. Juliette Cooper delivers the Muriel Driver Memorial Lecture.

-Rivières hosted a get-together at St. Patrick's Pub. A mix of laughter, deep conversation and sometimes both at once were observed at the tables of both events.

During the closing ceremonies, CAOT President Sue Baptiste delivered a talk reflecting on meaning within our profession. She highlighted challenges we face as occupational therapists in today's health-care environment and within our professional culture, and encouraged us to reflect on how these affect our practice and our profession. She encouraged us to move forward with creativity and an openness to the possibilities to be found in the future (see page 27 for a summary of this talk).



'Samuel de Champlain' welcomes delegates.

CAOT looks forward to the 2013 Conference in Victoria, BC, where delegates will meet again to learn, share, network, laugh and celebrate occupational therapy.

Thank you to Vishalla Singh & Geneviève Lessard, the conference photographers who took most of the fabulous photos featured in this issue.

WHAT PEOPLE ARE SAYING



Rachel Gervais, Chief of Occupational Therapy at The Ottawa Hospital, on why she encourages therapists in her department to attend Conference:

"Working in the health care sector is rewarding yet very demanding; and therefore, when our professionals are able to attend these conferences, it is a much needed – and appreciated – energy boost!

I like to encourage staff to attend these conferences and provide financial support. . . . I am dealing with very dedicated occupational therapists who strive for excellence in their profession and who are eager to take initiative in learning through continuing education. By encouraging them to attend conferences, they return to the organization proud of what they have accomplished. Within two weeks, they will start implementing what they have learned, and will follow-up with their counterparts to begin improving upon their practice/processes, etc. It is merely a few days outside of the organization, yet we reap the value-added rewards in the end: increase in employee engagement and networking, peer/management recognition and appreciation, and higher levels of evidence based-practice."

What's new



NEW! Exclusive delegate benefit for 2012 – Access to the NEW CAOT Live Learning Center

CAOT wants you to continue to benefit from opportunities to learn and grow professionally, year-round. That's why we're offering all 2012 conference delegates FREE access to CAOT's newest educational resource, the CAOT Live Learning Centre! If you were not able to attend this year's conference you can still learn from experts discussing innovative concepts and practical solutions for pressing issues by purchasing the videos of the sessions at <http://caot.sclivelearningcenter.com/>.

American Journal of Occupational Therapy

CAOT negotiated an initial agreement in 2008 with the British Association for a mutual exchange of the journals of our organizations. CAOT is pleased to announce that a similar agreement has just been signed with the American Occupational Therapy Association. Beginning later this year, CAOT members will receive free online access to the *American Journal of Occupational Therapy (AJOT)* as a member benefit, in addition to the *British Journal of Occupational Therapy*, the *Australian Occupational Therapy Journal* and the *New Zealand Journal of Occupational Therapy*. The same type of agreement has also been signed by the British and Australians

with the American Association. It is very exciting that the initial agreement that started between CAOT and the British Association set the precedent for journal exchanges among so many countries.

CJOT News

CAOT signed an agreement with SAGE Publications regarding the *Canadian Journal of Occupational Therapy (CJOT)*. Under this agreement, beginning in 2013, SAGE will work with CAOT, our *CJOT* editors and editorial board to publish and distribute our journal. This new arrangement brings many benefits to members, authors and subscribers including access to an online article submission and review process, toll free citation linking and increased marketing and circulation of the journal.



CAOT Executive Director Claudia von Zweck, AOTA Executive Director Frederick Somers, and BAOT Chief Executive Julia Scott sign agreements for the mutual exchange of their associations' journals.



CAOT signing the agreement with SAGE Publications.

Elder abuse workshops

Human Resources and Skills Development Canada has approved funding for CAOT's project, 'Building Capacity for Managing Situations of Elder Abuse Among Interprofessional Health Care Providers'. With this funding, CAOT will continue its work on a knowledge translation project that will deliver interprofessional regional workshops on indicators, signs and strategies for managing elder abuse. CAOT will take the lead on this national project and deliver train the trainer workshops that enable regional leaders to deliver relevant customized elder abuse resource material to build capacity for health care providers across Canada. A CAOT Water Cooler Talk on this subject will occur on October 4 (register online by September 27).

Older driver brochures to be translated

CAOT launched the National Blueprint for Injury Prevention in Older Drivers in February 2009, which strives to enhance the capacity of older adults to maintain their fitness to drive and ability to drive safely for as long as possible. CAOT subsequently released important resources for older drivers, their families and health-care professionals that include an Older Driver's Safety website (www.olderdriversafety.ca) and a series of informational brochures entitled 'Keeping on the go: Driving safely as you age'. This information communicates the impact of normal aging and prevalent health conditions on safe driving and provides useful tips based on scientific evidence of high risk situations and risk-reducing strategies. The brochures are available in French and English as a free download from the CAOT website or can be purchased. The Government of Canada's New Horizons for Seniors Program has granted CAOT funds to translate the series of five brochures into Cantonese, Italian and Punjabi, making the information more accessible to a diverse population. Stay tuned for their release.

HINARI

OT Now is now available in developing countries through the HINARI Access to Research in Health Programme! This initiative, set up by the World Health Organization, enables developing countries to gain access to one of the world's largest collections of biomedical and health literature. More than 8,500 journals and 7000 e-books (in 30 different languages) are available to health institutions in more than 100 countries, areas and territories benefiting many thousands of health workers and researchers, and in turn, contributing to improve world health.

Change concerning periodicals for CAOT membership renewal

Starting on October 1st, hard copies of *CJOT* and *OT Now* will no longer be automatically sent to CAOT members. If you would like to continue receiving these periodicals in the mail, you will be given an opportunity to indicate this on your membership renewal form. Members can always access the online versions of *CJOT* and *OT Now* at www.caot.ca.

Canadian Guidelines for Fieldwork Education

The Canadian Guidelines for Fieldwork Education (CGFEOT)

is a user-friendly tool developed by the Committee on University Fieldwork Education of the Association of Canadian Occupational Therapy University Programs. It is intended for university fieldwork coordinators, fieldwork sites, preceptors, and students to ensure excellence in fieldwork education. The CGFEOT was recently revised in response to a number of developments since the 2005 edition. The 2011 revised CGFEOT recognize that provincial and regional differences in health-care delivery require that there be flexibility in the collection and compilation of the information shared between the university, the student, and the fieldwork site.

We encourage each of you, whether you are a student, student fieldwork coordinator, fieldwork preceptor or faculty member, who is involved or wants to be involved in fieldwork education to review the revised CGFEOT to ensure that you understand and are fulfilling your part in our national desire to provide an optimal fieldwork experience for all. The revised CGFEOT can be viewed at <http://www.caot.ca/pdfs/Exam/June7.pdf>.

Submitted on behalf of the Committee on University Fieldwork Education by Donna Barker and Jennifer Saunders.

2012 copies of the Home and Vehicle Modification Guide are now available!

Produced by Caregiver Omnimedia in association with the Canadian Association of Occupational Therapists, the Home and Vehicle Modification Guide is now available. Copies of the guide are always available at no charge. Email cmccormick@canadads.com to order yours or go to http://caregiveromnimedia.squarespace.com/order_copies/ for more information.

Correction notice:

In the article, Occupational Therapist Assistant and Physiotherapist Assistant Education Accreditation program: Development and update, appearing in the March/April 2012 issue of *OT Now* (vol. 14-2) on pages 29-30, the full name of the organization, COPEC, was listed incorrectly in the first paragraph of page 29. The correct name is Canadian Occupational Therapist Assistant & Physiotherapist Assistant Educators Council.

CAOT's strategic plan for the sustainability of national occupational therapy guidelines


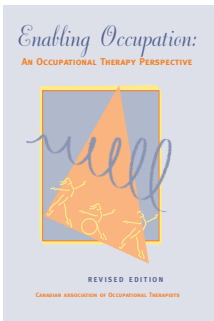
Janet M. Craik, Director of Professional Practice, CAOT and Claudia von Zweck, Executive Director, CAOT

CAOT has a long history of working together with members to provide a vision for the conceptual grounding, processes and outcomes of occupational therapy in Canada. This vision was first articulated in the *Guidelines for Client-Centred Practice*, published in 1983, 1986 and 1987, and consolidated in 1991. This was followed by the *Occupational Therapy Guidelines for Client-Centred Mental Health Practice* in 1993. Then in 1997, *Enabling Occupation: An Occupational Therapy Perspective* was introduced, and was re-printed with an updated preface in 2002. These publications have been integral to guide Canadian occupational therapy practice, and as well, are now used in many countries around the world. In 2007, *Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-being, & Justice through Occupation* was launched. A second edition of *Enabling Occupation II* will be released in 2012 (see Table 1).

The need to develop a strategic approach to updating the national guidelines of occupational therapy produced and published by CAOT was identified. A strategic plan and

actions to guide future updates of the national guidelines was developed and recently approved by the CAOT Board of Directors. The plan includes recommended actions that will guide CAOT to: deliver future guidelines developed in consultation and collaboration with end-users and other stakeholders; offer a global overview of how all the existing reference documents fit together; and explore the use of e-learning technologies and info-mapping to make the guidelines user-friendly, particularly to students and educators, and to enable easy and quick dissemination of guideline updates.

It is CAOT's intent to continue to provide guidelines to assist occupational therapists in achieving excellence in their professional practice and to offer leadership to actively develop and promote client-centred occupational enablement in Canada and internationally.

Occupational Therapy Guidelines for Client-Centered Practice	Enabling Occupation: An Occupational Therapy Perspective	Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-being, & Justice through Occupation
1983 (concepts, process and assessment) 1986 (intervention) 1987 (outcomes) 1991 (consolidated) 1993 (mental health)	1997 2002 (revised edition with updated preface)	2007 2012 (2nd edition to be released)
		

Making your voice heard: Advocating for occupational therapy

Brenda McGibbon Lammi, CAOT Director of Policy and Professional Affairs and Kate Rexe, CAOT Public Policy Officer

Rising costs of health care and changing demographics in Canada are creating increased uncertainty regarding the coverage of basic health services and are forcing decision makers to ask tough questions about the inclusion of new services. The consequence is the need to advocate for new models of care and give voice and recognition to the evidence that demonstrates the value of services beyond the traditional medical model or acute care interventions. Luckily, there is growing evidence in Canada and around the world that occupational therapy provides effective treatment and interventions to improve not only quality of life, but functional outcomes in a cost-effective way.

At present many Canadians are not familiar with the diverse nature of occupational therapy services, the broad scope of practice in health and social services, or the outcomes that can be achieved through various physical and mental health interventions. The Canadian Association of Occupational Therapists (CAOT) sees occupational therapy as an essential health service in Canada and is committed to raising awareness of the profession's many benefits to improve the overall health and well-being of clients and their families. However, CAOT cannot effectively advocate without the support and participation of our members. The participation of the CAOT membership in raising awareness with health system decision makers, extended insurance providers, insurance companies and the general public will dramatically increase the reach of our message regarding the importance of occupational therapy and the role the profession can play in the lives of all Canadians. For this reason, CAOT is calling on all members and occupational therapists across Canada to participate in a national advocacy and awareness campaign this coming October for the 2012 National Occupational Therapy Month (OT Month).

Many voices, one message

Advocacy is action aimed to influence decisions, laws, policies, resource allocation or attitudes within political, economic or social structures, or institutions (Advocacy, n.d.). Each day, occupational therapists work as advocates for their clients. But advocacy is also about changing systems, culture, services, ways of thinking, the questions we ask and the expectations we have for results.

Canadians today are faced with a health system in need of change. To respond to this need, CAOT is developing resources to support a political and social action that will position occupational therapy as a significant contributor to Canadian health care. However, support is needed from many people, which is where CAOT members, friends, families and clients come in. CAOT will be providing resources, information and support to our members to ask for meaningful services that support life and living. But to make this campaign effective, we need your voice to *Ask for it!*

The 'Ask for it!' campaign

To raise awareness of the important benefits of occupational therapy in Canada's health system, CAOT is working to disseminate information to both public and private health system decision makers, insurance companies, health benefit providers and the general public across all regions of Canada. This work began in 2011 when CAOT began contacting insurance companies across Canada to inquire about the coverage of occupational therapy services. A common response from companies was the recognition of the value of the profession, but a lack of requests for occupational therapy services.

Occupational therapists across Canada know the value of their work and everyone has heard a client tell them about the difference they have made. Yet, the average Canadian doesn't know to ask for the services that will help them do the things they want to do and need to do. The purpose of this campaign is to empower occupational therapists and the average Canadian to ask for services that work. The key message for the campaign will be just that - 'Occupational therapy works ... ask for it!' The goal is to have occupational therapy services delivered in more places and covered by more health plans (public and private) to ensure better health outcomes for Canadians as a whole.

National ad campaign

The 2012 national advocacy campaign will include billboards in major cities across Canada for the month of October. The cities include St. John's, Halifax, Fredericton, Montreal, Toronto, Winnipeg, Regina, Edmonton and Vancouver. Bus ads will simultaneously run in Ottawa.

CAOT will also be distributing removable bumper stickers to all of our members and posters to display within their community. Members will be asked to be active participants in this year's campaign by putting the CAOT posters in their local library, community centre, church, hospital, shopping mall or office. The bumper sticker and the poster will arrive with the September issue of *OT Now*, and for students, they will be sent to each school for distribution. The billboards, bumper stickers and posters will have the same message, 'Occupational therapy works...ask for it!'

CAOT has already had an incredible response to the information shared about the campaign and has decided to offer additional bumper stickers and posters for purchase for those wanting to distribute them to their clients, friends and family members. To support members in their advocacy activities, CAOT will also provide electronic versions of the ads on our website for free download. It is our hope this will encourage members to distribute information about OT Month activities and the 'Ask for it!' campaign through community or hospital newsletters, or elsewhere.

Finally, CAOT members are encouraged to participate in the 'Ask for it!' campaign by arranging for presentations within their community. For example, members can share information through presentations to occupational therapy or other health sciences students, hospitals and libraries, or host information booths at job or career fairs to provide information on the profession. Electronic resource and fact sheets that provide background information and key messages on the effectiveness of occupational therapy will be available to download for free from the CAOT website. CAOT will also host a Water Cooler Talk on September 27 for members to learn about the planned activities for OT Month and to encourage member involvement.

Lobbying

In addition to the national ad campaign, CAOT members can participate in the 'Ask for it!' campaign through active lobbying of insurance companies, unions and/or their members of provincial, territorial or federal government. Contacting elected officials and providers of extended health benefits is an effective way to activate change. Sample letters and links to addresses for members of Parliament, as well as insurance companies will be available on the CAOT website. Postage is not required for letters going to members of Parliament, so all that is required is the letter with your signature, an envelope and an address. Sample letters will also be available for clients of occupational therapy to send to their local elected officials, to their insurance company or health benefit provider. Also know that CAOT will support you along the way. If you ever have questions or feel you need additional information, contact CAOT for the resources you need to be an effective advocate for the profession.

Social media campaign

CAOT wants to know what you're doing and what you see. Participation in the social media campaign will be beneficial

for two reasons; it will help us know the impact of the 'Ask for it!' campaign and will motivate others to participate. We want CAOT members to post photos of the billboards, the bumper stickers and the posters on the CAOT Facebook page and tell us where you see them!

Don't let your actions go unrecognized. What you do can motivate others to do the same. We want to hear about your lobbying efforts: who did you send letters to? Who did you meet with? Where did you do a presentation? Let us and everyone else know through Twitter or the CAOT Facebook page.

Conclusion

As Canada's health services system changes, there are many messages about how to improve access to health care, ensure better quality, reduce costs and achieve better outcomes. There is growing scientific evidence that indicates occupational therapy is a cost effective way to improve the health and well-being of clients. This evidence is complimented by the many clients who speak out to say that occupational therapy provides realistic and tangible interventions to increase engagement in meaningful occupations. It is now time for everyone to know that occupational therapy works, and to get it, they need to ask for it. Together we can deliver the message, and together we can bring occupational therapy to the forefront of health services in Canada, where it belongs. The 2012 OT Month provides an ideal opportunity for occupational therapists to unite behind a message that can help redefine health care and health services in Canada.

Reference

Advocacy. (n.d.). In *Wikipedia*. Retrieved on May 25, 2012, from <http://en.wikipedia.org/wiki/Advocacy>

Access this conference presentation at:
<http://caot.sclivelearningcenter.com>.



Sandra Hobson (right) receives a Fellowship award.

2012 CAOT Conference Plenary Session: Dying with dignity: Perspectives on quality of life at the end of life

Anna Park Lala and Brenda McGibbon Lammi

Approximately 150 occupational therapists attended this year's plenary session, facilitated by Anna Park Lala, whose doctoral research investigated the embodied nature of occupation at end of life. The plenary featured an interdisciplinary panel including: Germain Chevarie, a member of the national assembly for Îles-de-la-Madeleine and a member of the Quebec Select Committee on Dying with Dignity; Mireille Lavoie, a registered nurse who holds a PhD in philosophy about palliative care and is currently an aggregate professor in the Faculty of Nursing of Laval University; and Marie-Claude Dubeau, an occupational therapist who has completed an advanced diploma in ethics at the Université du Québec à Rimouski and is a lecturer at Laval University in the Department of Rehabilitation.

Background

Dr. Park Lala began the presentation with a brief introduction to the end-of-life context in Canada and the CAOT's end-of-life initiatives. End-of-life care is an increasingly important issue in the Canadian health-care milieu as the aging demographic rapidly grows (Statistics Canada, 2010). There are approximately 247,000 deaths each year, a number that is projected to nearly double by 2058 (Statistics Canada, 2010). The Quality End-of-Life Care Coalition of Canada (QELCCC) (2007) proposes that only 15-25% of Canadians in need of palliative care have access to appropriate services.

The CAOT (2011) end-of-life position statement outlines initiatives and recommendations for enabling quality end-of-life care through occupation. Since 2003, CAOT has been a member of the QELCCC, a national organization of 37 stakeholder members bound by a concern for the quality of the end-of-life experience for all Canadians. CAOT and the QELCCC share the mandate that "all Canadians have the right to quality end-of-life care that allows them to die with dignity, free of pain, surrounded by their loved ones, in the setting of their choice" (CAOT, 2011, para. 1; QELCCC, 2010, para. 2). The first component, the notion of dying with dignity, was the main focus of this plenary.

Panel presentations

Mr. Chevarie began by presenting the background of a 30-year debate in Quebec, the question of whether euthanasia

should be an option in circumstances where suffering in the end stages of life becomes intolerable and beyond relief. In 2009, the Select Committee on Dying with Dignity was unanimously created by the Quebec national assembly to examine the end-of-life context, euthanasia, and other important issues related to palliative care in Quebec. As part of the committee's mandate, public debates were held throughout Quebec and a delegation traveled to Europe to learn more about the debate currently going on in France and to study the experiences of Belgium and the Netherlands, countries which have developed euthanasia policies. Thousands of citizens voiced their opinions. Based on their findings, the commission tabled a report that provided 12 recommendations on the improvement of end-of-life care and 12 recommendations on medical aid in dying. They proposed four guiding principles for improving end-of-life care: (1) to better understand the refusal and withdrawal of treatment, (2) to further develop palliative care in Quebec, (3) to develop a



Marie-Claude Dubeau discusses reflexive approaches to the ethical issues that may arise in end-of-life care during the plenary session.

framework for palliative sedation, and (4) to legally recognize advance medical directives and educate the public on end-of-life planning. In terms of medical aid in dying (a term preferred to euthanasia), it was proposed that approving this option was in the best interest for Quebec residents to prevent suffering in the end stages of life. A list of eligibility criteria that addresses the question, 'Who can ask for medical help to die?' has been proposed. The committee is currently waiting on the government to act on the recommendations from the report (one recommendation asks that a bill be tabled in the national assembly no later than June 2013). The report is available in French (<http://www.assnat.qc.ca/fr/travaux-parlementaires/commissions/CSMD/consultations/consultation-97-20100525.html>) and will be made available in English in the near future.

Dr. Lavoie presented a philosophical discussion on the issue of dying with dignity as a matter of life, versus death. Her presentation offered an opposing perspective on the issue of euthanasia, which is sometimes presented as an 'option of care.' According to Dr. Lavoie, euthanasia, by definition, rules out any possibility to care, a term which is defined as an act of life. Moreover, Dr. Lavoie presented a research study (Wilson et al., 2007) that indicates that some people at end of life who originally wished for euthanasia changed their minds when, for example, the issues contributing to their pain and suffering were adequately addressed. Dr. Lavoie proposed that quality of life can be attended to by addressing factors such as personal control and 'relational' autonomy. Her research has examined the essential dimensions of autonomy in palliative care settings, and the results suggested that autonomy was fundamental in the construction of human becoming until the end of life. Dr. Lavoie proposed that attending to a client's autonomy, and therefore human dignity, may provide avenues to reduce suffering at the end of life and that this stage should be approached within a framework of life and care.

Ms. Dubeau's presentation focused on reflexive approaches to the ethical issues at end of life, particularly as it relates to the student experience and the ethical concerns they raise on this subject. She presented two reflexive approaches to palliative care, narrative reflexivity and dialogic reflexivity. These approaches allow students to develop ethical skills and ethical sensitivity to death and dying, and allow clients and therapists space to openly discuss concerns about death. She proposed that before students and therapists are able to talk to clients, it is important to take a self-reflexive look at one's own experiences, values and beliefs about death. According to Ms. Dubeau, it is important to feel at ease when clients mention that they are at the end of life, and to view this as an opportunity for deep discussion. Narrative reflexivity and dialogic reflexivity were proposed as tools to help students

identify personal and contextual values as these relate to their ethical concerns about death and dying.

Conclusion

Dr. Park Lala concluded the presentation with a brief discussion of the experience of occupational disengagement and occupational deprivation by individuals in the end stages of their lives, and the limited role of occupational therapists in this practice setting (Keesing & Rosenwax, 2011). She proposed the need to: raise the presence of occupational therapists on end-of-life teams, provide more palliative care training in occupational therapy curricula, prioritize human occupation as the core of occupational therapy care in end-of-life settings, and potentially reframe and extend what 'doing' entails in end-of-life contexts. While there is much to develop on this topic, there is research available that demonstrates the power and potential of human occupation in facilitating quality end-of-life care and experiences (see Davel Jacques & Hasselkus, 2004; Park Lala & Kinsella, 2011; Vrkljan & Miller-Polgar, 2001).

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About the authors

Anna Park Lala, PhD, MSc(OT), obtained her PhD in Health and Rehabilitation Sciences in the Occupational Science Field in 2011 and her Masters in Occupational Therapy in 2006 from Western University. She may be reached at: annaparklala@gmail.com.

Brenda McGibbon Lammi, MSc, BHSc (OT), OT Reg. (Ont.), is the CAOT Director of Policy and Professional Affairs. She can be reached at: blammi@caot.ca.

Thoughts on the experience of being a co-convenor of Conference 2012

Martine Brousseau

Sunday, June 3, 2012

Just a few more days and we'll be in Quebec City! Then the challenge will be squarely before us! As bilingual a conference as possible! We're off to a good start! I spend a rainy Sunday at home reviewing the PowerPoint slides to ensure that the French is excellent. We're getting there. Luckily, there are two of us putting our heads together to work out the right approach. Andrew and I only exchanged six e-mails today – not too bad!

Monday, June 4, 2012

Heading out for Quebec City at the end of the day! I want to arrive early to make sure my neurons are well rested in order to follow all the conversations for five days and to pick up on all the nuances in English.

I reread CAOT President Sue Baptiste's closing speech to prepare the French slides. A journey to the heart of the profession! I get so wrapped up in the text that I forget to translate some of it. The distance between Trois-Rivières and Quebec City is definitely too short; I barely have time to get a sense of what the closing ceremony will be like before I arrive.

Tuesday, June 5, 2012

Quebec City! What a beautiful place! I can't start the day without a walk to watch the sunrise. I also make a quick stop on Dufferin Terrace to look at the river and the Château Frontenac. Just as beautiful as ever! I return through the narrow streets and let the charm of the architecture wash over me.

I am glad that I gave myself time to continue translating Ms. Baptiste's text. I delve into the theme of the conference; it's like travelling through time.

Wednesday, June 6, 2012

16:00 Many delegates are already arriving at the registration booth. There are several student volunteers. Fantastic!

17:00 Rehearsal for the opening ceremony: I arrive at the same time as Dr. Daniel Weinstock, the keynote speaker, and we greet each other warmly. If the same sort of atmosphere prevails throughout the conference, it looks promising, indeed. The setting is just fantastic.

18:30 The opening ceremony: Dr. Weinstock's keynote speech is phenomenal! He shows how occupations could play a crucial role as solutions that strike a reasonable balance between injustice and absolute happiness. He drills down into the meaning of the word occupation from a philosophical perspective, speaking of occupying places and time. In French, the meaning of 'being occupied' aptly conveys the link with time and space. What a nourishing talk for the heart and the mind! Thank you to my colleague Marie-Josée Drolet for putting us in touch with this man and his extraordinary ideas.

At the door, I run into some students from the Université du Québec à Trois-Rivières. What a pleasure it is to hear them say that the message of tonight's speech added a whole new dimension to their understanding of Dr. Weinstock's book, *Profession éthicien*! What an enriching experience for students.

Thursday, June 7, 2012

The conference is definitely going from one positive surprise to another with an awesome start to the day at the Breakfast with the President! This is an especially important forum for discussing our concerns, and was so popular that not everyone was able to have breakfast. This is what they mean by becoming 'a victim of your success'. How wonderful to see occupational therapists showing deep concern about the direction in which our profession is going! The day continues and the conference delegates maintain a hectic pace. Such a range of presentations to choose from; it is really useful to have made selections in advance! There are occupational therapists from all across Canada and I just ran into some French-speaking Swiss occupational therapists who have come to present their research results. They tell me that the larger number of offerings in French at the conference this year inspired them to join us in order to exchange views on shared challenges. I just saw Lisa Sheehan, CAOT Conference Manager, and she confirms that over 600 people have registered at the conference, 240 of them from the province of Quebec. What participation!

I do a tour of the exhibitors before the afternoon presentations. Wow! There are so many interests and explanations. Not having a lot of time to spare, I move quickly – I don't want to miss the session by Judith Friedland, Francine

Ferland and Éliane Dutil on the history of occupational therapy. Such a great summary in such a short time. As soon as they are done, I go back down to the exhibit hall to buy Dr. Friedland's book, *Restoring the Spirit: The Beginnings of Occupational Therapy in Canada, 1890-1930*. The book on the history of occupational therapy in Quebec will be published in December 2012.

A little relaxation is in order after this first very full day so I decide to go to the social at the Musée national des beaux-arts de Québec. Seeing all these occupational therapists having so much fun, everything is a resounding success.

Friday, June 8, 2012

The day is going by so fast. The simultaneous interpretation seems to be working well. Luckily, there is time during the breaks to talk to occupational therapists from coast to coast. I take advantage of every single minute.

The day ends with the Muriel Driver Lecture by Dr. Juliette Cooper. The presentation by this extraordinary woman is done with humour and allows us to get to know her. The talk is on professionalism and gives us something to think about and invites us to engage differently in our future as a group. So, we will have to take a new approach!

The students then leave for the event at St. Patrick's Pub. What a wonderful delegation of students from the Université du Québec à Trois-Rivières! It's fabulous to see this new generation of occupational therapists!

Saturday, June 9, 2012

I hurry to the session on research partnerships between clinicians and university faculty, a session sponsored by the Canadian Occupational Therapy Foundation. Then, it's the plenary session on "Defining a good death". A bit short, unfortunately there was not enough time for the discussion period. Fortunately, the facilitator, Dr. Anna Park Lala, finishes by speaking about the role of occupational therapists in

palliative care. No one leaves feeling disappointed.

The posters! They are everywhere. What energy! What brilliant ideas occupational therapists have. One of our students offers to do a tour of all the posters and gather handouts. A good idea – we will be able to read them all at our leisure.

Back up to the 23rd floor for the Lunch with a Scholar (although this year there were two). But this is a far cry from 'two for the price of one'; it's so interesting that I don't miss a minute of it. Thanks to Johanne Desrosiers and Mary Law for bringing us up to date on studies of participation and occupations.

The end of the conference is approaching fast! Everything is going by too quickly. The closing ceremony maintains the spirit of the entire 2012 Conference. Ms. Baptiste makes a presentation that seems timeless. Thank you for those reflections.

Usually a person feels a little empty once an event wraps up, but that is not the case this time! I think our meeting with the two co-convenors of the 2013 Conference has already shifted our focus to the future, giving us something to look forward to. Until next year!



2012 Conference co-convenors, Andrew Freeman and Martine Brousseau, at the opening ceremonies.

About the author

Martine Brousseau, PhD, erg.», is the director of the Occupational Therapy Department at the Université du Québec à Trois-Rivières.

WHAT PEOPLE ARE SAYING



Elizabeth MacDonald, Sonja Feckles, Shelly Zonneveld and Vanessa Hunter, students from the University of British Columbia, expressed that they came to conference because it is "a great opportunity" to share the research they've been working on, as well as an opportunity to connect with other occupational therapists as they enter the profession.



Alison Fox and Janine Possberg, clinicians from Saskatoon, came to Conference to share their presentation, *Productivity can transform the long term care experience*. They explained why it is beneficial for clinicians to attend conference, "It's not just about the research, it is what can be done on a day to day basis, what can change for occupational therapy practice."

CAOT Professional Issue Forum: Workplace safety and injury prevention in occupational therapy practice in Canada

Mike Brennan, Andrea Dyrkacz, Lonita Mak, Althea Stewart-Pyne and Janet Craik

Professional Issue Forums (PIFs) are held annually at the CAOT National Conference. PIFs address priority health and social issues and emerging practice areas in occupational therapy. PIFs involve presentations from a panel of experts in the field as well as client and national stakeholder perspectives. The PIF facilitator leads the participants through interactive exercises and a plenary discussion. The discussion leads to strategies and recommendations for action for CAOT, individual occupational therapists and stakeholders to advance occupational therapy practice and the profession's presence in these clinical areas.

The CAOT Professional Issue Forum on workplace safety and injury prevention in occupational therapy practice in Canada was held June 7, 2012 at the CAOT Conference in Quebec City. There were 35 participants in attendance, including conference delegates, speakers and invited representatives of CAOT, constituent and stakeholder groups.

Background

While occupational therapists are considered to be experts in the prevention and treatment of work-related injuries, little attention has been paid to the injuries experienced by occupational therapists themselves. Rather, studies have largely focused on the occupational injuries experienced by other health workers, primarily nurses and physiotherapists. This existing literature then extrapolates and infers from the data of these other professions to hypothesize about the nature of work-related injuries among occupational therapists.

This lack of occupational therapy-specific literature has both educational and practice implications. Injury prevention education at the pre- and post-professional levels has largely focused on musculoskeletal injuries, and misses the injuries that may occur outside of strictly physical medicine or institutional contexts. Little has been done to look at the types of injuries that may be prevalent in occupational therapy practice in psychiatry, the community, and in rural rather than urban environments. As well, there has been a lack of Canadian literature that can inform clinical education and

practice in our unique and expansive physical and health-care environments.

In 2009, the first study of occupational therapy work-related injuries across practice contexts was undertaken. Six hundred Canadian occupational therapists responded to a comprehensive electronic survey that sought to identify the types and location of work-related injuries experienced by Canadian occupational therapists. More importantly, the survey sought to determine if the practice of occupational therapy as a distinct discipline, and the Canadian practice context, impacted the types of injuries experienced. The respondents were also asked to suggest strategies to both mitigate and manage these injuries – from the perspectives of occupational therapists themselves, university preparatory programs and employers.

Indeed, the survey demonstrated that Canadian occupational therapists experience injuries that are specific to occupational therapy practice and to the Canadian context. Over 55.7% of survey respondents indicated that they had at least one experience of work-related injury. Although many sustained musculoskeletal injuries, the causal factors were different to those of physiotherapy and nursing, and were often related to their work outside of institutional



PIF facilitators and contributors. Front row from left: Lonita Mak and Andrea Dyrkacz. Back row from left: Karyne Lapensee, Althea Stewart-Pyne, Janet Craik and Mike Brennan.

settings, often alone and without immediate supports. As well, occupational therapists in Canada indicated they are at significant risk of acts of violence and threats due to their work in mental health and in situations in which they are responsible for determining eligibility for various benefits and entitlements.

This Professional Issue Forum was developed in response to the results of this survey, with the goal of raising awareness of the specific work-related hazards experienced by Canadian occupational therapists. Additionally, the input of PIF participants was sought regarding future initiatives that might be undertaken by CAOT in response to this practice issue.

Forum

The PIF facilitators were Janet Craik, Director of Professional Practice, CAOT, and Andrea Dyrkacz, occupational therapist at University Health Network's Toronto Western Hospital.

Invited panellists made the following presentations:

- *Workplace safety: Occupational therapy's unique context* - Lonita Mak, OT Reg. (Ont.) and Andrea Dyrkacz, OT Reg. (Ont.), occupational therapists at University Health Network's Toronto Western Hospital.
- *Workplace safety: An employer's perspective* - Mike Brennan, Chief Operating Officer, CAOT.
- *Strategies for workplace safety: RNOA's guidelines for workplace safety and injury prevention* - Althea Stewart-Pyne, RN, MScHA, International Affairs and Best Practice Guidelines Program Manager, Healthy Work Environment, Registered Nurses' Association of Ontario (RNAO).

After the presentations, PIF participants were asked to respond to three questions:

1. What opportunities does CAOT have to collaborate with other groups/initiatives to enhance workplace safety?

There was strong agreement that CAOT should initiate collaboration with other health-care disciplines and professional associations to both raise awareness of the risks inherent in the provision of health care in Canada, and to develop initiatives to create healthier and safer workplaces. Additionally, it was recommended that CAOT should provide input related to workplace safety for occupational therapists and other health-care workers via accreditation bodies and other regulators. Finally, it was suggested that the guideline creation and knowledge translation work of the RNAO can serve to inform future occupational therapy initiatives.

2. What can be done to raise awareness about workplace health and safety among occupational therapists?

PIF participants provided recommendations for occupational therapists as individuals and as a professional group, university preparatory programs and employers to promote safer workplaces and to create awareness of risks in the provision of health care. PIF participants also discussed developing strategies to reduce the potential for injury, and promoted



PIF participants discuss workplace safety.

opportunities for skill enhancement as means of risk reduction, particularly related to patient-handling activities.

3. What can be done to safeguard our practices to mitigate risk for occupational therapists and other employees?

PIF participants made many wide-ranging recommendations for CAOT related to the creation of new resource and information sharing portals that focus on workplace safety for occupational therapists, and the use of existing tools, such as *OT Now* and CAOT's weekly emails to members to raise awareness. It was suggested that toolkits be created, especially related to the rights and responsibilities of occupational therapists as employers and employees. Participants requested that a CAOT position statement be drafted to highlight the importance of safe and healthy workplaces for occupational therapists.

Next Steps

A report will be generated from the PIF and presented to the CAOT Board of Directors for approval to address future strategic actions on this topic. The PIF-related materials will be available at www.caot.ca.

Access this conference presentation at:
<http://caot.sclivelearningcenter.com>.

CAOT Professional Issue Forum: Addressing the “Rising Tide of Dementia in Canada”: Occupational therapists supporting people living with dementia

Sylvia Davidson

Professional Issue Forums (PIFs) are held annually at the CAOT Conference. PIFs address priority health and social issues and emerging practice areas in occupational therapy. For 2012, CAOT identified that the growing numbers of people living with dementia emphasize the importance of building a strategy to enhance occupational therapy capacity in this vital area of practice. The CAOT Professional Issue Forum on the role of occupational therapy in supporting people living with dementia was held on Friday, June 8, 2012, at the CAOT Conference in Quebec City. This was obviously a topic of great interest, as there was standing room only for the session!

The issue

Rising Tide: The Impact of Dementia on Canadian Society (Alzheimer Society of Canada, 2010) outlines that approximately 500,000 Canadians are currently living with a form of dementia, 70,000 of whom are under the age of 65. By 2038, unless steps are taken to ‘stem this tide’, the number of Canadians with dementia is expected to grow to 1.1 million with the rate of incidence for those over 65 expected to increase to 250,000 new cases per year (2.5 times the current level). Family caregivers of people with dementia experience very high levels of psychological problems (40% to 75%) with the prevalence of clinical depression among caregivers estimated at 15 to 32% (Alzheimer’s Disease International, 2010).

Living safely with dementia is an ongoing challenge due to the functional and cognitive changes that dementia brings, impairing judgement and problem-solving abilities. Occupational therapists are key professionals who work with people with dementia to enhance their safety in all settings. To address these challenges, the Canadian Association of Occupational Therapists (CAOT) and the Alzheimer Society of Canada (ASC) have formed a partnership to strengthen the capacity of occupational therapists nationwide and therefore improve the quality of life of people with dementia. It is important to understand how the complex needs of people with dementia and their families impact occupational



Harvey Berger, a man living with dementia, shares his experiences with PIF participants.

therapists in their practice today in order to equip therapists to work more effectively with these individuals, from a person-centred perspective, as their needs and numbers increase.

Background

At the 2010 CAOT Conference, a successful interactive discussion was facilitated by field experts, during which participants reflected on current enabling processes and the gaps in support when working with people with dementia and their families. Based on this preliminary work, as well as a CAOT survey in 2011 seeking the perspective of occupational therapists regarding their work with people living with dementia, key themes were identified and the extended discussion that took place at the 2011 Conference focused on a summary of the themes as well as practical suggestions to address the needs of occupational therapists through the development of user-friendly tools. It was determined that there was a pressing and ongoing need to continue this dialogue at the 2012 CAOT Conference through a professional issue forum to outline the support that CAOT and ASC can provide to help occupational therapists in their work.

PIF objectives:

- To learn about promising and leading practices which support excellence in the delivery of occupational therapy to individuals living with dementia and their family members.
- To understand which tools, strategies, partnerships and models of care would be most helpful in building occupational therapy in this area of practice.
- To inventory opportunities for occupational therapy engagement in the development of more effective, interprofessional, and person-centred policy and practice.

Format

Alison Douglas moderated the forum, which included a panel presentation, roundtable discussions and summarizing findings and action planning as a large group. A significant contribution to the PIF was the presence of Mr. Harvey Berger, who is himself living with dementia. Mr. Berger, along with Mary Schulz from the Alzheimer Society of Canada and Sylvia Davidson, an occupational therapist from Baycrest (a centre specializing in aging and brain health in Toronto), each presented their own perspective on the importance of the issue. Mr. Berger spoke with humour, warmth and great intensity about how he has coped with this illness. He describes himself as being in the “low to moderate” stage of the disease, but remains fiercely independent. In his own words, “I am autonomous,” “I am determined to remain active physically and mentally.”

Following the panel presentations, participants broke into small groups for some intense discussion focused on answering four questions:

1. What successes are out there for finding resources or building your capacity to deliver services in dementia care?
2. What opportunities are there for promoting involvement of occupational therapists to achieve best client outcomes in dementia care?
3. What actions/tools are needed to build capacity for occupational therapists to address dementia care in Canada?
4. What kind of partnerships can be developed to enhance care?

Small group membership captured voices from across Canada (both French and English), from diverse settings across the health-care continuum, with provincial organizations at some tables and a good range of experience from students to seasoned professionals. Mr. Berger got us started by reminding us of the encouraging words from a 1944 Johnny



PIF facilitators and contributors. Back row from left: Janet Craik, Zipora Charszan, Harvey Berger, Mary Schulz, Carrie-Lynne Comtois. Front row from left: Sylvia Davidson, Alison Douglas.

Mercer song, “accentuate the positive, eliminate the negative, latch on to the affirmative”.

Next steps

While a detailed summary of the discussion is being compiled, there was a clear emphasis on the need for increased awareness and advocacy. This is an opportunity to work with the client and his/her caregivers to enhance quality of life in a way that is meaningful for the client and supports the therapist in making ethical and sound treatment plans. There is a real need to work interprofessionally with ‘like-minded’ colleagues who will press for a more person-centred approach to each person’s care and treatment. Some of the proposed action plans include creating briefing notes that can be shared with occupational therapists for messaging to political representatives, sharing work already underway on algorithms to assist with ethical decision-making and help with the balancing of risk versus autonomy, and improving networking opportunities. Occupational therapists feel strongly that they are poised on the edge of great potential advancement in this strategic area. Further information will be shared through CAOT as it becomes available.

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<http://caot.sclivelearningcenter.com>.

About the author

Sylvia Davidson, MSc, OT Reg. (Ont.), is the professional practice chief for occupational therapy at Baycrest in Toronto. She can be reached at: sdavidson@baycrest.org.

planat – accessibility at your fingertips

Rachel Nelken

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Strategic leadership: Towards development of a national activity guide

Sandra Moll, Rebecca Gewurtz, Terry Krupa and Mary Law

The Canadian Association of Occupational Therapists (CAOT), in partnership with occupational therapy researchers Sandra Moll, Rebecca Gewurtz, Terry Krupa, and Mary Law, have been working towards development of a National Activity Guide designed to educate and empower Canadians of all ages and abilities to engage in meaningful, health-promoting activities. Not unlike national initiatives to promote healthy eating or physical activity, our goal is to develop a national guide to promote healthy living, but one that is based on an occupational perspective. The guide will profile the health benefits of participation in the occupations of daily life.

The links between occupation, health and well-being are fundamental to the history of occupational therapy and supported by years of research both within and outside the profession. From a public health perspective, however, there is relatively little awareness of the concept of occupation and its role in promoting health and wellness. To date, public health messages have had a very narrow focus on physical health, targeting discrete behaviors related primarily to exercise, diet and tobacco use. We believe that occupational therapists have the potential to be leaders in challenging the current health promotion paradigm, by promoting a broader focus on not only physical, but mental, social and spiritual health, and the important role of occupation in promoting the health and wellness of people in all stages of life.

The extended discussion session at the 2012 CAOT Conference was an opportunity to engage in a dialogue regarding development of a National Activity Guide as a strategy for positioning engagement in occupation as a public health issue. To set the stage for discussion, background information was initially provided regarding the first years of project development, and the process of assembling evidence that forms the foundation of the guide. We presented a brief overview of evidence obtained through scoping literature reviews on a range of dimensions of activity engagement, examining the nature and source of the evidence and the mechanisms by which the particular activity affects health and well-being. In addition, we highlighted the process of seeking input from over 40 stakeholders from the general public, the public health/health promotion field, and leaders in the profession of occupational therapy and occupational science. An overview was then provided of the key messages and framework that serve as the foundation for the guide.

The guide is composed of four central messages that were derived from an iterative knowledge translation process of gathering research evidence and input from stakeholders. The four messages include: a) What you do everyday has an important impact on health and well-being; b) Optimal activity patterns should provide opportunities for a range of experiences that contribute to health and well-being; c) In order to achieve optimal health and well-being outcomes, activity patterns should meet specific criteria; and d) Activity patterns are influenced by the personal and social context of individuals and communities (e.g., age, gender, access to opportunities, etc.). These messages are outlined in a draft logo and conceptual framework. Participants were invited to respond to ideas that were presented, and generate ideas of how we might translate the messages for different audiences.

One primary focus for discussion was the proposed “Do-Live-Well” logo and the central message of “What you do every day matters” (see Figure 1). There was excitement about the opportunity to brand an occupation-based message and communicate this message to a national audience. Many participants commented on the clarity and strength of the message, and potential applicability in a range of contexts, from schools to employers to long-term care homes. There was agreement that occupational therapists could be leaders in promoting the public health message about the value of occupation in all stages of life.

In addition to positive feedback about the central message, there was animated discussion and debate about details such as the colour of the logo, use of graphics, and the choice of words to express the central ideas. Some felt that the concept of ‘being’ needed to be considered in addition to the focus on ‘doing’. Others felt that the temporal dimension of “What you do every day matters” was too limiting. Although the positive message was viewed as a strength, there were also concerns that our messages should not exclude people who experience hardship. Another important issue relates to the challenges of translating the message for a francophone audience, since



Figure 1. Draft logo for the National Activity Guide.



Happy volunteers at Conference 2012!

the concepts do not lend themselves to a direct translation. All messages within the framework need to be clear and understandable to the general public.

Another key issue raised by participants relates to the importance of positioning the ideas within a larger policy context, and ensuring that we strategically recruit champions to promote the message to a wide audience. Since the idea is new for those outside of occupational therapy, we need to ensure that we tailor exemplars and stories for different audiences. The guide is a work in progress that will continue to be updated and modified in response to input from stakeholders.

Future directions for the project include development of web-based resources that will facilitate reflection on the key messages and promote positive changes in participation. We hope to partner with several Family Health Teams in Ontario to develop and pilot the tools with target groups that may be at risk for activity disruption, including older adults experiencing transition in their living or working status, adults with a work disruption, individuals with a chronic illness and caregivers of individuals with a chronic disability. The plan is to engage the target groups of service providers and service users in order to tailor messages for a primary care setting, and pilot the tools with the target audience. In order to promote dissemination of the ideas to a broader public audience, we have formed strategic partnerships with the Public Health Agency of Canada and plan to publish information about the key messages within a public health journal. Since the Guide is intended to be a national resource, translation of the ideas into French is another priority.

If you would like to know more about the project or provide additional input, you are invited to contact the authors.

Acknowledgements

Thanks to the Canadian Occupational Therapy Foundation who provided support for the initial stakeholder engagement phase of the project, and to the therapists from across the country who have provided input to shape our ideas. Thanks also to CAOT for supporting the current phase of framework development.

About the authors

Sandra Moll, PhD, OT Reg. (Ont.) (molls@mcmaster.ca), **Rebecca Gewurtz, PhD, OT Reg. (Ont.)** (gewurtz@mcmaster.ca), and **Mary Law PhD, OT Reg. (Ont.)** (lawm@mcmaster.ca), are at the School of Rehabilitation Science at McMaster University. **Terry Krupa, PhD, OT Reg. (Ont.)** (krupat@queensu.ca), is at the School of Rehabilitation Therapy at Queen's University.

WHAT PEOPLE ARE SAYING



Michelle Elliot, an occupational science doctoral student from the University of Southern California: "I came back to the CAOT conference because I'm originally Canadian and my training was here, and so to reconnect with the Canadian content, ideas, collaborators, colleagues, friends, that time of thing, but certainly also to see what is happening, to contrast the Canadian ideas with the American ideas . . . and see how I can find some sort of commonality between the two."

Richard Kellowan, a practitioner from Bridgepoint Health in Toronto: "I've actually been working in practice for nine years. This is my first actual proper conference, but a great opportunity to catch up with classmates, and colleagues that I haven't seen in years and see where our lives have gone. I find now when I look to the literature it's for professional reasons about my job, so I've lost my broader definition of what OT is. When I come to conference, I have a chance to remind myself of what OT is outside of my narrow scope working in a hospital . . . I think it's also a great opportunity to remind ourselves that even though we practice, there's a whole science base behind that. . . . I think for continuing education purposes you don't get a certificate or degree . . . but it is a good forum to refresh that [definition of occupational therapy]."

Lindsey Nicholls, a lecturer at Brunel University in London, United Kingdom: "The best thing about coming to a conference for me is meeting up with old friends, and meeting with people who maybe you've met up with before and you see how their work has progressed. And also the unexpected things that you learn; you'll be sitting next to somebody listening to a paper and you end up talking about something related that's really good. Excellent presentations this time around."

Fellows' Lunch 2012

Lori Letts and Sue Baptiste

Each year at conference, there is an informal meeting of 'CAOT Fellows' – an unusual name for a group that included only women until 2010! The Fellows are not named based on gender though; CAOT Fellows are all of the past recipients of CAOT Fellowship Awards. Fellowship awards are given "to recognize and honour outstanding contributions and service made by an occupational therapist over an extended period of time" (CAOT, n.d.). To date, 40 CAOT members have received Fellowship Awards. We are occupational therapists who have been recognized for having made significant contributions to clinical practice, education, publication, research and/or administration for at least ten years, including (but not limited to) all past recipients of the Muriel Driver Award. Fellows can use the designation FCAOT to indicate that they are Fellows of the Canadian Association of Occupational Therapists. Each year, the Fellows look forward to welcoming new members to the group – there are so many occupational therapists who have made many worthy contributions to our profession!

At the CAOT Conference each year, all Fellows are invited to come together over lunch. For the Fellows, it is a way to connect with others who have shared long-standing connections to one another and to occupational therapy. In recent years, there have been discussions at the Fellows' lunches about how the Fellows might better connect with members at conference and in other ways. As a group, we are keen to continue contributing to occupational therapy in ways that support others. For example, at the 2010 conference in Halifax, there was an opportunity to "come chat with a Fellow" during breaks and lunch hours. We are keen to use what wisdom we have gained over the years, and mobilize it to help others in our profession.

At the 2012 Fellows' Lunch, 16 Fellows attended and a vibrant discussion was held, focused on the mutually defined need to identify a unique, meaningful contribution to CAOT that could be made by this group. There was common agreement that we need to weigh in on issues more proactively, if possible. Two main initiatives emerged from the discussion at the 2012 conference.

First, the Fellows decided that an enhanced presence on the Mentor Gateway (on the CAOT website) would be one strategy to reach out to others; this would be accomplished by all Fellows completing a template which outlined individual areas of interest, focus, research and practice. These templates would be posted on the Gateway for members to explore and

determine if there was someone who could help them with their career decisions and dilemmas.

Second, Fellows discussed their concerns about the issue of right to use of the title 'occupational therapist'. This is becoming a very critical issue for Fellows nearing retirement. We are a group keen to continue referring to ourselves as 'occupational therapists' even if we are no longer in the paid workforce! The awareness of not being able to use title, to call ourselves 'occupational therapists', was not seen by anyone as palatable or acceptable. A combined effort will be exerted to follow up on this matter through communication and advocacy. We will look at the possibility of developing a Fellows' position statement to act as a foundation for the next steps in advocacy.

The Fellows hope that they will be able to make sustained and meaningful contributions to CAOT and occupational therapy for years to come. The Fellows welcome suggestions from members about how we can support the profession. Suggestions may be sent to Sue Baptiste at: baptiste@mcmaster.ca.

Reference

Canadian Association of Occupational Therapists. (n.d.). *Fellowship award*. Retrieved from: <http://www.caot.ca/default.asp?pageid=1359>



One of the CAOT Fellows, Huguette Picard, at the awards ceremony.

Research partnerships: Taking them to the next level

Juliette (Archie) Cooper, Marjorie Hackett, Pamela Wener and Sangita Kamblé

Introduction

The mandate of the Canadian Occupational Therapy Foundation (COTF) is “to fund and promote scholarship and research in occupational therapy in Canada”, recognizing that research is essential to best practice and to advancing the profession. For the past three years (2010-2012), COTF has been consulting with practitioners and researchers to explore how occupational therapists can work together to advance occupational therapy research in Canada. Occupational therapists who attended the COTF session at the 2010 CAOT Conference strongly supported exploration and development of ‘partnerships’ between practitioners and researchers. The following year (2011), a researcher and practitioner worked together to explore with participants attending the COTF session, the topic of “Towards one goal: practitioners and researchers supporting occupational therapy research”. Session participants, including practitioners and researchers, identified some of the barriers and facilitators they encounter when they engage in research. Most recently, at the 2012 CAOT Conference, COTF session participants were asked to ‘take partnerships to the next level’ by considering the elements necessary to make a clinical research award accessible to practitioners.

We began the session with a story of inspiration! Marjorie Hackett, a COTF governor and a practitioner in Prince Edward Island, related a story about the evolution of a clinical question. A therapist in P.E.I. wanted to know who works in haemodialysis. Marjorie approached her to let her know that she does and they talked about the use of ROHO products to improve seating comfort for clients undergoing dialysis. Marjorie’s manager and homecare coordinator did not provide her the opportunity to work with this other therapist in this area. However, Marjorie was determined and chose to volunteer her time to partner with the therapist to complete a needs identification survey and a trial (see box on right).

Marjorie’s story is a prime example of partnerships working and why COTF wants to set up an award that would help practitioners answer their research questions. Therefore, the participants at the 2012 COTF session were asked to consider what COTF needs to take into account when we think about establishing a clinical research award. This is a summary of their comments and suggestions:

The trial case

Jeremy, a man with a spinal cord injury living in the community, has been on dialysis for several years. During the dialysis procedure he has to sit in a confined position in a special chair for four to six hours several times per week and he had developed skin breakdown from sitting in this chair. Jeremy completed the needs identification survey and used a ROHO cushion for seven months. At the end of this time he specifically requested to see Marjorie, who asked him how the ROHO seat was working for him. Jeremy said that it was making an unbelievable difference in his life – he had increased energy, far fewer episodes of diaphoresis and he was participating in life. For Marjorie, this news was like an epiphany, and she was genuinely moved to tears. Marjorie’s story does not end here. Last year, Marjorie shared this story with fellow COTF governor, Archie Cooper, and it was a focal point for the 2011 COTF session. Marjorie went on to discuss the case with Natalie McLeod-Schroeder, an occupational therapist in Manitoba, who encouraged Marjorie to pursue her interest in the effects of pressure reduction seating for clients undergoing dialysis. Since then, Marjorie has worked with Brenlee Mogul-Rotman, an occupational therapist from Ontario, and a new manager in her workplace to identify the needs of dialysis clients. Eleven clients have been provided with different types of pressure reduction products to determine their effectiveness and the outcomes are being recorded. This year, Marjorie and Brenlee submitted and were accepted to present this work at the CAOT Conference in Quebec City. The presentation attendees encouraged Marjorie and Brenlee to continue their important work.

- The purpose of the award should be considered. For example, funding could be established to enable the development of a research question, the precursor to a research study. Practitioners might be invited to prepare and submit a letter of intent for which they could receive feedback before proceeding to a full proposal.
- Consideration could be given to different types of funding, e.g., for dissemination of results such as travel

to a conference, or fees for publication in open access journals, or for travel to a centre to work with a researcher.

- Make the award available for groups or individuals.
- The size of the award should be sufficient to pay for the practitioner's time away from work, a research assistant and statistical consultation.
- Recognize that practitioners need planning time, access to a research library, and may require extensions to complete a study as the ethics approval and recruitment of participants may not be straightforward processes.
- Research mentors and partners are important – practitioners need access to the names and areas of interest of these individuals.
- The application process should be as clear and streamlined as possible.

Today, it is widely recognized that research depends on interdependent partnerships between practitioners and researchers; both parties bring valuable expertise to the research arena. Practitioners as experts in the field have clinically relevant questions that need answers, while researchers have the time and expertise to study or explore a particular research question. Together, occupational therapy practitioners and researchers have the capacity to take partnerships to the next level.

For more information about research partnerships or to provide additional feedback, please contact Archie Cooper at: juliette.cooper@med.umanitoba.ca.

About the authors

Juliette (Archie) Cooper, Marjorie Hackett and Pamela Wener are Governors of the Canadian Occupational Therapy Foundation. **Sangita Kamblé** is the Executive Director of the Canadian Occupational Therapy Foundation.

Just Say YES! ... Say YES When We Call COTF's 2012 Fundraising Campaign

COTF is a charitable organization that funds and promotes scholarship and research awards in Canadian occupational therapy. October will mark a very special event for COTF – its very first 'phonathon' fundraising campaign.

Why? Because COTF wants to increase its fundraising ability in order to continue its important investments in research and scholarships. These investments provide researchers with the opportunity to advance their work, and practitioners with the most current evidence for practice.

COTF's awards programs are solely funded through donations from individuals, corporations, organizations and foundations. Some years are stronger than others. While there have been years where the Foundation has allocated up to \$80,000 for annual scholarships and research, in tougher times that figure has dropped to a quarter of that amount.

Like the vast majority of academics and clinicians in the

field of occupational therapy, COTF strongly believes in the importance of higher academic learning and ongoing research – and thus, has taken a step forward to ensure that the dollars are there to advance our profession and has launched this important fundraising campaign.

When you get a call in October, which happens to be Occupational Therapy Month, **Just Say YES! ... Say YES When We Call**. It's an investment in our future.

- A striking 99% of CAOT members polled agreed that research findings are important to their day-to-day practice.
- Since 1983, COTF has provided \$1.4 million for research in both academic and clinical settings.
- To date, 268 researchers and academics have benefitted from COTF funding.

Two prominent occupational therapy researchers benefitted from the COTF awards program in a similar fashion. Mary Law states that "receiving the first grant from COTF gave me the confidence to go on to apply for larger grants from other organizations", while Terry Krupa shares that "it developed my self-confidence when setting up a program of research, which seemed overwhelming ... this support helped to increase my 'competitive edge' when I went on to apply for funding from national granting agencies."

According to COTF donor, Sandra Hobson, "We are a small group, and everyone needs help, even a little. If I don't, who will?"

And...where is occupational therapy now?

A member's reflections on the CAOT Conference, 2012

Beverlea Tallant

DAY 1 - Wednesday

I squish an 'in case it rains' outfit into my suitcase, call a taxi, grab a coffee at the bus terminal, and my day begins. I gaze at the beautiful St. Lawrence River and wonder, "I'm retired, why am I going to this conference?" Well, to support the debut of my former graduate student and the Quebec occupational therapy conference committee, but why else?

It's a long time since I've been to Quebec City. I reminisce about the days when Quebec occupational therapists met and successfully convinced the Castonguay Commission that occupational therapy: i) was a profession; ii) could receive referrals from any professionals, not just physiatrists; and iii) were not under the supervision of physical therapy, in fact were equal even, "alas, with equal salaries"! As we pass Université Laval, I recall the times Quebec occupational therapy professors (then from three programs, now five) met for educational exchanges and how this led to professional and social collaborations at Ordre des ergothérapeutes du Québec, CAOT, Association of Canadian Occupational Therapy University Programs, or WFOT conferences.

I check into my 220-year-old hotel, and head to the conference site wondering if I will know anyone. As I enter I hear a familiar giggle and see Anne Carswell, a former faculty colleague. We chat, I pick up my registration loot, and meet Lisa Sheehan who helped with my online attempts to register. Then I sightsee near the Parliament Buildings and Château Frontenac taking photos of the old city, Lévis, and giant boats heading up the seaway.

Soon to Le Capitole - Cabaret for the bilingual, 'bonne humeur' opening ceremony where we are serenaded with old Quebec love songs. Daniel Weinstock, political philosopher and professor of ethics, quickly absorbs us with his discourse on 'occupation'. He discusses it as 'meaningful activity'; space - 'occupying a place', emphasizing environmental needs;

time - the temporal component, which is busy/continuous; and 'bad luck phenomena,' which to him, means the health/disability issues of our clients. He feels occupational therapists deal extremely well with the 'bad luck' but need to act more as 'agents' to adjust space and temporal needs for our clients. Later, our president informs us that CAOT membership now includes five online journals! What a bargain! Good work, CAOT!

Off to the opening reception and exhibits to meet our incoming president, exchange hugs and kisses with colleagues and former students, and purchase Judith Friedland's book, *Restoring the Spirit: The Beginnings of Occupational Therapy in Canada, 1890-1930* at the CAOT booth. Eventually back at my hotel, I massage my aching feet, and browse through the Conference program.

DAY 2 - Thursday

Mental health is my area of interest, so I opt to attend three research papers on occupational therapy in mental health (OTMH). The first measures the efficacy of an intervention; the second the reports on an extensive survey of the assessment practices of occupational therapists working in mental health and plans to develop an OTMH website where standardized assessments will be described. Great! The third reports on the performance of clients with dual diagnosis on two functional tasks, budgeting and grocery shopping and demonstrates the type of cognitive dysfunction these clients experience.

Needing a change, I attend a talk about the barriers in the community (environmental, stigma) or individual (attitude, confidence) that Canadian power mobility users experience. A research project illustrates the complexities of developing a simulator training program for power wheelchair driving skills. I muse, as simulators are used to train and assess astronauts,

About the author

Beverlea Tallant, PhD., OT (C), has been a member of CAOT since 1961. She practiced occupational therapy clinically in Saskatoon; London, UK; and Montreal prior to joining the occupational therapy faculty at McGill University. There she taught and developed the core of courses on occupational therapy in mental health. Recently retired, Beverlea continues to be involved with her graduate students' research and editorial boards for several occupational therapy journals.

why not clients of occupational therapy?

Later I go to the banquet at the Musée national des beaux-arts du Québec. Enough time to visit a room of Riopelle's, with some of the largest bird-filled paintings I have ever seen. Amazing! A bilingual husband team conducts the lucrative COTF auction, full of its traditions. Dinner is hilarious and the food, excellent. Overall, a great psychosocial day, and fun. I plan Day 3.

DAY 3 - Friday

I attend the session, "Advocating for occupational therapy." I'm thrilled to hear CAOT's professional promotion plans for OT Month. But, I can't help feeling that each therapist needs to be more of an advocate, particularly in clinical practice. Why do we allow hospitals, governments, etc., to reduce occupational therapy practice to countable short tasks? We know the 'process' involved for a client's adjustment to disability sets the speed at which they can/will participate. And that building a person's self-esteem does not happen in 30 magical minutes! When I graduated in 1961, I didn't expect anyone to know about occupational therapy, so I taught them what I had learned from my inspiring professors, H. Levesconte, T. Cardwell and I. Robinson, and what I thought occupational therapy should be or what I wanted it to become. I still believe each occupational therapist needs to take individual responsibility to advocate and educate for our profession.

As a past Curriculum Chair, I listen to sessions on occupational therapy education. I hear a presentation on whether faculty and student perceptions of course content and curriculum objectives match. Interesting to see the topics/subjects that a curriculum can overtly or covertly include or neglect to cover at all despite best intentions! Then I listen to a discussion on the definitions of spirituality.

I attend talks which illustrate the importance of in-depth literature reviews for evidence-based practice (EBP). A researcher/educator/clinician shows us how she reviewed occupational therapy treatment for clients in the 'chronic'

phase after stroke previously regarded as a waste of treatment time. She describes EBP techniques to use in this phase and informs us that they will soon be taught on the Stroke Engine website. Clinicians are thrilled. To me this paper highlights that nothing in practice is finite; literature searches are time-consuming but worthwhile; and by collaborating, clinicians and researcher/educators can produce the 'best occupational therapy practice'.

Time for the Muriel Driver Memorial Lecture by Juliette (Archie) Cooper; ... an event I am looking forward to having known them both. Archie's Manitoba colleagues give a delightful PowerPoint presentation. It seems occupational therapy was practically a genetic strain in her family. We listen entranced to a discussion of 'professionalism over time' and where, from Archie's 50+ year perspective, occupational therapy currently is in this regard. She analyzes occupational therapy's professional development or lack thereof, her observation and anatomy skills very present as she dissects the topic! It was brilliant! Unfortunately, I had to catch my train so missed the conclusion. Like you, I will eagerly await the issue of the *Canadian Journal of Occupational Therapy* that includes her wonderful lecture.

En route to Montreal, I sip my gin and tonic, and reflect on the conference, who I met, the presentations, and our profession. I mentally thank CAOT and the conference committee for making me feel welcome, providing a stimulating program, great social events, thought-provoking guest speakers, simultaneous translation, interesting exhibits, and plenty of humour. In my 50+ year career as a CAOT member, I have attended many CAOT conferences. I am thrilled to see the increasing number of research presentations, particularly in OTMH, and to learn of new directions and roles that therapists are creating. Happily I conclude, occupational therapy is constantly evolving, never static, never boring, a very dynamic profession, in a great place in 2012 and with an even greater future to come. And then I am home, having once again had a great time at a CAOT conference!

WHAT PEOPLE ARE SAYING



Isabelle Matte, a practitioner from Sherbrooke, Quebec: "I found that the lectures this year contained very concrete information for use in practice. I am leaving with many tools that I can put to use tomorrow morning; I look forward to seeing my colleagues next week to tell them about everything I've got in my bag. So, I am very pleased."



Mathieu Carignan, a practitioner working in the area of low vision in Montreal, Quebec: "I come to the CAOT Conference to see what others are doing in their fields and that helps me come up with ideas about what I, myself, can do in my own field. It sparks my creativity to get an overall view of things and transfer what is being done elsewhere in order to incorporate it into my clinical practice. ... There are not many presentations on vision – although there were a few and they were very interesting – but I don't come just for those presentations, because there are other conferences that focus on vision. The reason I come to the occupational therapy conference is to see what's being done in other areas. ... Getting back to the foundations of the profession spurs us on to move forward and thus to strengthen our professional identity."

The 2012 Conference as experienced by a student from the Université de Sherbrooke

Catherine Blackburn

My experience at the 2012 CAOT Conference in Quebec City came about as a result of my work as a research assistant at the Neuromuscular Clinic of the Jonquière Health and Social Services Centre in the summer of 2011. This unique experience not only gave me knowledge and appreciation of research but also an opportunity to participate in the conference. The occupational therapist with whom I was working, Cynthia Gagnon, suggested that I submit a proposal for a poster presentation. I accepted with pleasure, especially since I knew that this year's conference would be held in my province. I was then lucky enough to receive a CAOT Conference Student Bursary, which meant that I did not have to worry about finances.

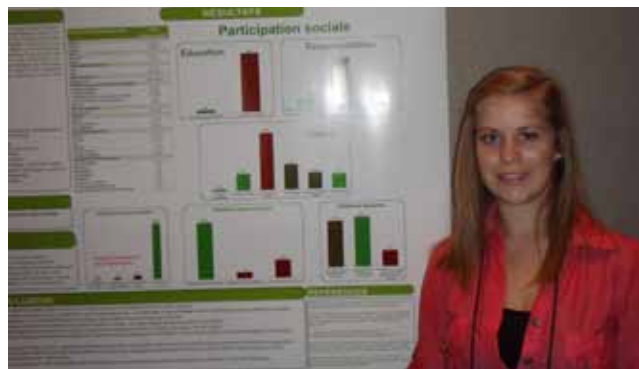
My fellow Université de Sherbrooke students and I decided to drive from Sherbrooke to Quebec City on Wednesday night, so we arrived at the conference in time for Thursday's program. What with the heavy end-of-term workload at university, I had not had a chance to look at the conference program in advance. I was pleasantly surprised to see the wide range of presentations being offered throughout the day. Since I have not yet decided which client group I eventually want to work with, I attended several interesting presentations on a variety of subjects such as clinical reasoning, mental health, mild cognitive impairment, return to work and palliative care. At the end of a busy day, I went for dinner in a small restaurant in Old Quebec with my colleagues from the Université de Sherbrooke (Louis-Pierre Auger, Christine Vachon and Marie-France Cormier). Taking advantage of the balmy temperature, we ended the evening with a long stroll and an excellent ice cream! We turned in for some well-earned rest after a day full of valuable knowledge.

During the day on Friday, I attended talks on pediatrics (about fine motor skills, and autism), mental health, hip fractures, stroke, driving, and occupational therapy in detention centres. This part of the day was also very enriching. Then I attended the Muriel Driver Memorial Lecture. This very moving lecture gave me insight into the history of occupational therapy and its future directions. As I listened, I felt that everyone in the room was glowing with pride at being

an occupational therapist. It was amazing! This was followed by an awards ceremony at which my research mentor, Nadine Larivière, received the COTF Marita Dyrbye Mental Health Award for research pertaining to my master's project on rehabilitation for persons with a borderline personality disorder. Friday evening ended on a high note at St. Patrick's Pub in Old Quebec. There, my colleagues and I had a chance to practise our English while chatting with students from British Columbia. This friendly discussion gave us a better understanding of the differences between the two provinces in terms of university experience, placement rates, and the like.

Saturday morning was devoted to poster presentations. I gave several occupational therapists a detailed explanation of the work I had done the previous summer on the long-term social participation of patients with infantile onset type one diabetes. I also had an opportunity to look at a few interesting posters. During that day I also attended the Lunch with a Scholar, which was equally interesting.

We headed out on Saturday afternoon with heads full of new knowledge. This extraordinary experience convinced me that I need to do my utmost to participate in the 2013 CAOT Conference, which will be held in Victoria. This first experience of taking part in a conference also showed me that I must keep up to date with leading-edge research in my future practice. I returned to the Université de Sherbrooke to complete the summer term, filled with pride at being an occupational therapist-in-training.



About the author

Catherine Blackburn is a third year occupational therapy student at the Université de Sherbrooke and will obtain her master's degree in April 2013. She is originally from Jonquière, Québec, and is currently working for her second summer as a research assistant at the Neuromuscular Clinic of the Jonquière Health and Social Services Centre. She can be contacted at: catherine.blackburn@usherbrooke.ca.

Notes from the CAOT President's closing speech at Conference 2012: Reflecting on meaning

Sue Baptiste, CAOT President

Meaning for me centres upon a sense of community, engagement with others, and partnering to remove barriers and enhance worth. For me, occupational therapy speaks to all of those things...

How would the profession of occupational therapy express its essential meaning? We appear confused, vacillating between occupation-centred and impairment-driven practice models. Does the word 'rehabilitation' represent our essential life? I have observed a reduced professional spirit, a loss of clarity of purpose. Could it be we have been seeking a definition for what we do to the detriment of time spent with those with whom and for whom we work?

I began to gain awareness of my own space and place as I embraced the new learning necessitated by my new role as CAOT President. My place is cosy and personal, whereas my space is vast – I see myself as a citizen of the world and able to widen that space as president with rich experiences, new relationships, skills and knowledge.

As a profession, have we found either our place or space? Maybe this is partly the reason we struggle within our confusion. I believe the place we inhabit is less important than the space within which we enable. That is, whether we are in institutions or community agencies, industrial settings or government offices, the importance of our presence is in the essence of what we impart and leave as legacy. It is the space we fill while we partner with others in their search for meaningful engagement.

I am connected closely to matters of culture, defined broadly. With deep thanks to my father, I have relished cultural difference from my early years. I have retained this lens with care.

What is the culture of occupational therapy? How do we present ourselves to the world, and what we intend, is that what is perceived? I am convinced we need to have a difficult conversation – do we believe that people with disabilities can become occupational therapists? We pride ourselves in our commitment to the rights and needs of those living with disability; and yet, the sparse numbers of students with disability entering our professional educational programs is incongruent. Why do so few men join our ranks? Why do many of our colleagues choose not to disclose their sexual orientation to fellow workers for fear of being stigmatized or isolated? Why do colleagues who are immigrants to Canada talk about

difficulties integrating into their new workplaces? We lost our way somehow; the early pioneers were out there, working with those who needed skills and resources to survive and flourish. The key is to support each other in celebrating difference and enfold it into our work. We need to apply our philosophy and values to our own, thus reaffirming our authenticity and minimizing potential hypocrisy.

Personal well-being is difficult to recognize and maintain. Being CAOT President gave me wonderful opportunities to gain a deep sense of well-being and recommitment to occupational therapy. I have been able to establish some valued relationships with staff at the CAOT National Office and colleagues who helped me develop an understanding I was sorely lacking – about the differences across provinces and territories our profession faces every day in advocating for inclusion in care teams, agencies, and with individual clients and their families.

We are seeking connections with like-minded colleagues, to build networks and communities of understanding that can inform practice. These relationships can provide comfort, security and support to explore innovative roles and opportunities. This is the way that the path of a profession can be mapped and followed. I found, from coast to coast, similar souls who espoused similar beliefs and values. We talked of visions, of ideas for client services, strategies for advocacy and lobbying efforts. Would it not be ideal to build on these naturally occurring linkages to move our thinking well ahead? Our sense of well-being would be enhanced and our profession would continue on its evolutionary way.

I saw this role as the chance to connect with people at all points of a holographic compass. To connect means just that; not to agree necessarily, but to connect through mutual regard, respect and honesty, developing trust along the way. The new learning reinforced the new connections, establishing lasting linkages for our profession. We are building for the long term.

We are beginning to develop and cement relationships that will ensure our inclusion in policy and government initiatives. These connections place us well to impact clients, families and communities through partnerships. Relationships with other professional associations are rich repositories of potential; however, these connections are not easy to create. People are attracted to a certain field of endeavour because it suits them. This builds a natural set of boundaries that, once

inter-professional links are sought, can prove difficult to break down or change. It is therefore somewhat sad that some of the most impermeable boundaries can exist within a discipline or profession and not externally. One of my dearest hopes is that we can rise above this tendency, never intentional, but a result of specific roles and missions that dictate priorities, values and actions.

Our clients are a critical source of connection, perhaps the most important of all. Our partnerships with our clients have vast potential for working together not only in direct assessment and intervention, but in advocacy and lobbying efforts, research, and knowledge dissemination. By the very nature of our professional philosophy, we value interconnectedness.



Much of my personal spirituality is enriched by many of the elements already explored – relationships, cultures, discussion, learning, caring, experiencing as much as possible. The natural world is a never-ending source of comfort and spiritual strength; in addition, gaining a sense of personal worth and purpose stems from such sources. Tranquility comes from creating a sense of internal balance and peace.

Entering a profession was once seen and experienced as a vocation, a main occupation, particularly worthy and requiring dedication. Occupational therapy has moved from being a field of expert technical skill to a full profession in its own right including unique knowledge, educational programs preparing students for a unique scope of practice and regulation to protect the public. The speed and stress of modern life has tended to change the importance of work for many. Somewhere the notion of commitment of self becomes diluted and veiled. Often, this outcome goes hand in hand with a reduced quality of working

life: high workloads, expectations and reduced autonomy. Work moves far from what was intended at the beginning of a career, with the spiritual sense of doing something of value to self and society fading from consciousness. We can redeem this loss since we have a philosophy that can embrace a reinforced sense of vocation.



The joy of being able to create something is extremely powerful. There have been times when I have achieved a state of 'flow', of being so in tune with creative energy that time and place meant nothing. Creativity within the role of president has meant becoming aware of new ways of 'seeing' and 'doing' – exploring the creation of a diverse workforce for occupational therapy for example, revisiting my diplomacy skills, recognizing the power of the past in managing the present and envisioning the future, and learning cultural behavioural cues when visiting other countries and cultures.

For the occupational therapy profession, creativity exists naturally within the profession's scope and philosophy. We are the ones with the three-track minds (at least). So, how come we find ourselves entrenched in seeing our future only within known or recognizable boundaries, such as job title and role descriptions?

Life patterns and milestones at the beginning of the 21st century are undergoing many radical shifts, such as changes in retirement age and expectations of state pensions. These shifts are definite opportunities for occupational therapists to work with a diagnosis-free population, enabling planning healthy approaches to retirement or a longer working life. The term 'occupational therapist' does not have to appear in the job title. New ways of 'seeing' and 'doing' will enhance creativity, allowing us to revisit the excitement of venturing into uncharted territory.

CAOT Conference 2013 - *The future is here: Leading solutions*

Caroline Ehmann and Susan Gmitroski, co-chairs for the 2013 CAOT Conference



Come and be inspired in Victoria, City of Gardens. Occupational therapists will be contemplating the future and leading solutions at Conference 2013 in Victoria, British Columbia, May 29 to

June 1, 2013. Celebrate the newly created CAOT-BC, an innovative, provincially based branch of CAOT. Connect with colleagues, re-affirm your passion for your profession, learn new approaches for your clients and share your own ideas for the future of occupational therapy. We are looking forward to sharing numerous opportunities for professional development, adventure, recreation and relaxation in our beautiful corner of Canada.

Build your own adventure

Victoria is renowned for its outdoor lifestyle and focus on health and wellness. You will find many opportunities to plan your own unique adventure. For example, experience invigorating walks along clifftops overlooking the Strait of Juan de Fuca and the Olympic Mountains, or 18 holes at our world-class golf courses. The views will no doubt take your breath away! Explore the Inner Harbour by ferry, foot, horse-drawn carriage or rent your own bicycle. Gardens are perhaps the city's most famous attraction and a trip to Butchart Gardens and the Lieutenant Governor's garden are sure to add to your adventure plan. Victoria is surrounded by water, inviting curious beachcombers to our many community beaches. Delegates will be happy to know that whale watching trips, kayak rentals, and float plane excursions are some of the options available from the Inner Harbour.

For some, the adventure is more personal and reflective. Conference planning will include opportunities for yoga, running and guided walks. Many boutique day spas in Victoria's downtown core incorporate naturally harvested ingredients like Pacific seaweed into spa treatments. Victoria is an active learning environment, and home to many unique museums sure to enthrall your quest for knowledge. Visits to our famous Royal British Columbia Museum, or the Victoria Bug Zoo encompass a full range of options for you or your conference companions.

Retail therapy and the foodie in you

Relaxing for some will be in the unique retail culture of the city. Lower Johnson Street, known as LoJo, has become a magnet for young designer boutiques and one of a kind shopping. Fan Tan Alley invites shoppers into the oldest Chinatown in Canada. Victoria boasts the most restaurants per capita in Canada, ranging from gourmet burger cafés to formal dining with world class chefs. Catch up with friends and colleagues in the city's numerous coffee shops or treat yourself to tea in the classic Victorian manner at the Empress Hotel.

An island in the Pacific

Vancouver Island is truly an island in the Pacific, as witnessed standing on Long Beach, gazing out to a classic West Coast sunset...next stop Japan. Consider a longer Vancouver Island adventure by discovering Tofino and Ucluet and the spectacular Pacific Rim National Park or the delights of other Island communities. The city of Duncan, one hour north of Victoria, is home to over 80 First Nation carvings, earning the name "City of Totems". World class hiking and camping are available, including the Juan de Fuca or West Coast trails or a variety of outdoor pursuits at Strathcona Park, north of Nanaimo.

The 2013 Conference committee welcomes and encourages occupational therapists to join us in Victoria; we are looking forward to sharing our paradise with you.



COTF at CAOT's annual conference in Québec City



Live Auction

The Live Auction was held at the Musée national des beaux-arts de Québec. Attendees were able to receive beautiful masks in an array of colours to coordinate with clothing by providing a minimum donation of \$5. Thanks to Savard Ortho Confort for sponsoring the masks. COTF raised \$730 with this initiative! This year, COTF had a dynamic duo as the auctioneers. The husband of COTF President Huguette Picard, Joe, and the husband of COTF Vice President Archie Cooper, John, put on a bilingual show! The pair auctioned 23 items to raise \$6,100!

Silent Auction

COTF had approximately 100 items at the silent auction. The ideal location by the main stairwell allowed for great traffic flow to the spacious area assigned to COTF. The silent auction raised approximately \$3,800.

Awards Ceremony

It was wonderful to see many of COTF's award recipients on stage. Congratulations to all of them for their achievement.

COTF Session

COTF's session, entitled "Partnerships: Taking them to the next level, Part III, Together towards one goal: Practitioners and Researchers Supporting Occupational Therapy Research" was once again facilitated by Juliette Cooper and Marjorie Hackett. Those in attendance shared ideas on a possible award to attract clinicians. Thanks to feedback from the session, COTF will continue to work on building partnerships between practitioners and academics. Thanks to ROHO & Advanced Health Care, Slack Inc. and Wolters Kluwer for sponsoring the early morning session, where once again refreshments were served.

COTF AGM

COTF President Huguette Picard had the opportunity to explain the importance of supporting COTF and encouraged each donor to "friendraise". It is clear that among the donors, the importance of COTF need not be explained. Donors shared some ideas, which will be explored by the board. There were more than 50 donors at the AGM.

Lunch with a Scholar

Johanne Desrosiers and Mary Law partnered to deliver a bilingual presentation entitled "Participation dans les occupations : ce qu'on sait et ce qu'on fait / Participation in Occupations: What We Know and What We Do". The presentation addressed the importance of participation in every day occupations for development and lived experience, as well as how occupational therapy focuses on enhancing participation. To date, it has been the best attended Lunch with a Scholar! Thanks to Savard Ortho Confort for contributing towards the cost of the meal.

Thank you to all who donated items for the auctions, who purchased items at the auctions, who donated funds for the masks and who purchased tickets for the Lunch with a Scholar. The success of the fundraising events is due to the participation of so many people. COTF thanks all of you! Thanks also to CAOT for allowing COTF to be a part of the conference in such an unforgettable manner!



Sue Baptiste models the 'famous' zebra print auction items at the COTF live auction.