CAOT · ACE
Canadian Association of Occupational Therapists
Association canadienne des ergothérapeutes

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l'Exagere at Conference 2006

Photo by Tanya Baglole

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Farewell Message

Diane Méthot – CAOT President

It has been a pleasure and privilege to serve as President of CAOT for the past 2 years. As my term comes to an end, I would like to thank the association members for your support and encourage you to continue advancing our profession.

I have great confidence in the leadership abilities of today's occupational therapists who all have the potential to make a real difference today and in the future. At Conference 2006 in Montreal, I spoke about the importance of leaving a legacy for tomorrow's occupational therapists. CAOT is participating in many projects that offer you the opportunity to contribute to the profession. For example, the Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative aims to increase cooperation among health professionals and to place client care at the forefront of the health system.

As many occupational therapists are aging and will soon retire, coaching and mentoring will become increasingly important to retain our knowledge and experience for the future. Remember that each day offers an opportunity to do something that others can use as their own inspiration to become leaders.

We have the opportunity to shape the future and only need to seize this possibility. I encourage you to go forward as leaders and to remember the words of Mahatma Gandhi: "We must be the change we wish to see."

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Highlights from Conference 2006

Hosted by the Ordre des ergothèrapeutes du Québec and CAOT

Evidence and occupation: Building the future

by Fern Swedlove

Over 650 occupational therapists were greeted by acrobats, a stilt-walker and contortionists from l'Exagère at the opening ceremony for Conference 2006 held in Montreal from June 1 to 3. With their fluid movements that challenge us to view the world through a new lens, these gifted performers set the stage for the conference. The conference theme of "Evidence and occupation: Building the future" provided the thread to connect the 230 presentations that challenged assumptions, made connections and uncovered cutting edge research.

One of the greatest challenges for occupational therapists living in today's knowledge economy is to have the skills to navigate through the research evidence and apply it to practice. Keynote speaker Jean-Louis Denis from the Université de Montréal provided his insights on the complexity of achieving an evidence-based practice. "We need to know more about the evidence to make it effective," he said. Dr. Denis emphasized that decisions should be evidence informed, that "leave room for individual professional judgment."

For the next 3 days, occupational therapists heard the latest research on an array of topics, ranging from more traditional areas of occupational therapy to emerging areas of practice such as working with the homeless and primary health care. People attending the conference spoke to presenters at poster sessions, attended paper presentations or extended discussions. There were also a number of forums with panel discussions on topics that included: dypshagia, collaborative research, application of evidence-based practice, successful research, the new Enabling Occupation II publication and CAOT Workforce Integration Project.

The Ordre des ergothèrapeutes du Québec and CAOT co-hosted 8 French and English pre-conference workshops. With each workshop lasting a full day, they provided an opportunity for more in-depth learning. Occupational therapy experts shared their knowledge on a wide range of topics that included swallowing, vocational rehabilitation, the Ludic Model, driving and the use of the Internet for evidence-based practice.

The exhibit hall provided a chance to view the 67 exhibitors that showcased recent developments in products to support practice and research. Three new publications were available from the CAOT resource centre: *Research on the Canadian Occupational Performance Measure:*

Photo by Pam Burnett-Hicks

(L-R) Delegates Lishan Taneza, Barb Wilson, Anne McKye & Joan Shaw from Trillium Health Centre in Mississauga, ON

Photo by Tanya Baglole

(L-R) COTF President Sandra Bressler & CAOT President Diane Méthot at the Sugar Shack

An Annotated Resource, McGill Ingestive Skills Assessment and *The Functional Capacity Evaluation: A Clinician's Guide*. The public was invited to attend the exhibit hall on Friday morning, which was a lively meeting point filled with refreshments, poster presentations and an occasion to connect with colleagues on a more informal basis.

In addition to informal networking, people gathered on Thursday evening at a maple sugar shack in Rigaud to experience a rural Quebec village and traditional regional food. A great time was had by all, with singing, dancing and a COTF live auction ending the evening. COTF sponsored "Lunch with a Scholar", which took place on Saturday. Helene Polatajko offered thought provoking insights regarding the world of occupational therapy research. Dr. Polatajko emphasized the importance of developing our own research to frame the study of occupation and enable occupation.

Not only did the conference focus on evidence and how it can guide our future, but it also provided an opportunity to acknowledge and celebrate contributions of CAOT members (see page 5 for further details). Jan Miller Polgar, this year's Muriel Driver Memorial Lecturer, inspired the audience with her emphasis on respecting client needs when working with assistive technology. Dr. Miller Polgar stressed that "the meaning of the assistive technology will change for each person" and highlighted the high cost of abandonment of equipment. During the annual CAOT award ceremony, Huguette Picard, the recipient of the Dr. Helen P. LeVesconte Award for Volunteerism in CAOT , spoke eloquently on the power of contributing to our profession. "It is important to pass along the spark that has been established by our leaders. We all have a role to play to remind people of the value of occupation," she said. Diane Methot reminded delegates of the power of leadership in her closing comments that marked the end of her 2-year term as CAOT president. She noted that "leaders can make a difference in the world and serve a greater purpose."

With the constantly shifting landscape for today's occupational therapist, the 2006 CAOT conference contributed to the groundwork to help therapists maintain balance and adapt to their communities' needs. Surrounded by the effervescent city of Montreal, this event celebrated the ideas of the past, present and future. Conference 2006 provided the tools for occupational therapists to negotiate this fast paced and ever changing world.

Photo by Tanya Baglole

(L-R) Authors of The Functional Capacity Evaluation: A Clinician's Guide - Irene Chappell, Alison McLean, Mary Richardson & Alison Henry (missing: Munirah Shivji)

Announcing the 2006 CAOT Award Recipients

Volunteers play an essential role in the work of any organization and the CAOT awards celebrate volunteers' contributions to our Association. Volunteers sit as members of the Board of Directors, chair or member of a committee, represent the Association on national coalitions and task forces and contribute to the development of CAOT products and services such as our journal, practice magazine and web site.

CAOT Fellowship Award

This award has been established to recognize and honour outstanding contributions and service made by an occupational therapist over an extended period of time. Fellows of CAOT are eligible to use the credential FCAOT.

Margaret Brockett

Margaret's remarkable achievements to the profession of occupational therapy include both the length of her involvement of over 46 years, combined with a consistent commitment to explore her area of expertise and passion of ethics education. Margaret has left a legacy of influence not only on the profession through her academic and administrative contributions, but also with countless individual occupational therapists.

Jan Miller Polgar

Muriel Driver Memorial Lecturers are recognized leaders in the Canadian occupational therapy community and receive a Fellowship as part of their award. This year's lecturer and new fellow is Jan Miller Polgar.

CAOT Life Membership

Life membership is given to a person who has made an outstanding contribution to CAOT or to the profession of occupational therapy, is a current member of CAOT and has been for at least 20 years, as well as having practiced occupational therapy for at least two decades.

Muriel Westmorland

Muriel Westmorland received a Life Membership with CAOT in honour of her lifelong contribution to the profession of occupational therapy. As an educator, Muriel has influenced many students in the McMaster Health Sciences system during her extensive teaching career. From 1988 to1993, she was coordinator of the multi-professional Master of Health Sciences program and taught students in rehabilitation (occupational therapists and physiotherapists), nurses and other professionals. Muriel has been involved in many professional activities at the provincial and national level. She has been a CAOT board member, a recipient of the Muriel Driver Memorial Lectureship and received Certificates of Appreciation from CAOT for ongoing work. Muriel was invited by the Federal Government to be a consultant on the first Canadian Forces Advisory Council on Veterans Affairs and in 2004 she contributed to a major report titled "Opportunity with Security". Muriel has also consulted for Social Development Canada regarding Canada Pension Disability Benefits and was asked to help write a commissioned paper on disability issues. In 1999, Muriel's research led to her appointment to the National Institute of Disability Management and Research Board and a few years later to the first National Examination Committee.

— Adapted from her letter of nomination written by the McMaster University Occupational Therapy Program.

Dr. Helen P. LeVesconte Award for Volunteerism in CAOT

This award is given to an individual or life member of CAOT who has made an exceptional contribution to the profession of occupational therapy through volunteering with CAOT.

Huguette Picard

With great enthusiasm and dedication, Huguette has contributed countless volunteer hours to CAOT and other organizations. Her involvement with CAOT began in 1973, when Huguette was a representative on the Canadian Mental Health Council. She continued her volunteer work with a number of committees which included the Chair of the Task Force on Human Resources in Occupational Therapy from 1991 to 1993, a member of the Working Group on the Accreditation of Clinical Settings for Student Fieldwork Training from 1994 to 1995, and a member of the Working Group for Fieldwork Site Approval from 1995 to 1996. Huguette also served on the CAOT Board of Directors as the Quebec delegate from 1995 to 2002. During that period, she held positions on the Representation Division, Communications, as well as president-elect and president from 2000 to 2002. When Huguette's term as president ended, she continued to volunteer for the association in a number of different positions that included a member on the Federal Elections Action Team, Task Force on Health Human Resources in Occupational Therapy and Pan-Canadian Awareness Campaign on Interdisciplinary Collaboration in Primary Health Care. Since 2005, Huguette has been the CAOT representative on two Health Canada initiatives: the Pan-Canadian Health Human Resources Strategy and the Canadian Collaborative Mental Health Initiative Committee.

-Adapted from her letter of nomination written by Paulette Guitard.

Award for Innovative Practice

This award was established to recognize and honour the exceptional contributions of an individual occupational therapist who has shown innovation and leadership in clinical practice.

Jeanette Edwards

Jeanette Edwards' career exemplifies innovation as well as leadership at the local, provincial and national levels. Since graduating as an occupational therapist, she has actively pursued new directions for the profession. Her extensive contributions involving community development, consumer advocacy, policy development, education and fieldwork have positively impacted the community and advanced occupational therapy practice. As Executive Director at the Health Action Centre in Winnipeg, she developed a day hospital and congregate meal program for older adults, as well as helped to establish a national accreditation system for Community Health Centres. Jeanette has also shown remarkable innovation in the area of consumer advocacy. She chaired the Manitoba advisory group for the CAOT Seniors Health Promotion Project that developed the role of occupational therapists. In 2000, Jeanette demonstrated exceptional leadership when she became Director of Community Development for the Winnipeg Regional Health Authority. Primary health care in Canada is another area where Jeanette has distinguished herself. She has co-authored papers on the role of occupational therapy in primary health care and chaired the Program Committee for the National Primary Health Care Conference in 2004. Her prominent involvement in this field has enhanced the reputation of occupational therapy both nationally and internationally.

-Adapted from her letter of nomination written by Gayle Restall.

Award of Merit

The Award of Merit is given to acknowledge significant contributions to the profession of occupational therapy.

Mary Clark

Mary is the former editor of OT NOW and she developed strategic communications for CAOT and the CAOT web site.

CAOT Provincial/Territorial Citation Award

These awards acknowledge the contributions and accomplishments to the health and well-being of Canadians of an agency, program and/or individual within each province/territory, who is not an occupational therapist.

British Columbia Society of Occupational Therapists – Ian Denison

Saskatchewan Society of Occupational Therapists – Elaine Caswell

Manitoba Society of Occupational Therapists – Manitoba Division of the Multiple Sclerosis Society of Canada

New Brunswick Association of Occupational Therapists – Dr. Colleen O'Connell & Fredericton Chapter of the Tetra Society of North America

Ontario Society of Occupational Therapists – Arthritis Society (Ontario Division)

Certificates of Appreciation

CAOT Board of Directors
Jacquie Ripat (Manitoba) & Pierre-Yves Therriault (Quebec)

Academic Credentialing Council
Mary Ann McColl & Thelma Sumsion

Awards Committee
Jacquie Ripat

Certification Examination Committee
Jacqueline Rousseau, Sheila Smith & Nancy Stillinger (Chair & Past Chair)

Membership Committee
Kristine Roth

Conference 2005 Host Committee Co-Convenors
Lori Cyr & Brendan Tompkins

Conference 2004 and 2005 Scientific Program Committee
Leslie Johnson

Conference 2005 Scientific Program Committee
Margaret-Anne Campbell-Rempel, Patricia Mortenson & W.B. (Ben) Mortenson

Occupational Therapy Practices Committee
Linda Hirsekorn (Chair), Lorian Kennedy & Nicola MacNaughton

Student Committee
Julia Curcio, Victoria Donelan-Cloud, Claire Douglas, Michelle Fortier, Peter Haughton, Bella Hwang, Geneviève Jetté-Beaulieu, Camy Lee, Jana Maclachan, Kathy Pennell, & Kelly Winkiewicz

Support Personnel Practice Committee
Avril McCready-Wirth

CJOT Review Board
Karen Rebeiro Gruhl

OT Now Column Editors
Mary Egan (Developing Expert Practice) & Hadassah Rais (Moments)

Occupational Therapy Education Finder Advisory Committee
Sarabjeet Charchun, Bradley Roulston, Debbie Hebert & Sherri Rice

April 2005 Certification Examination Item Generation Workshop Participants
Erin Corsten, Martina Hickey, Diane Ellen MacKenzie, Donna L. Power, Brenda Joan Head, Jill Ramsay-Stewart, Ashley Walsh, Michelle Ryan & Myrna King

Canadian Collaborative Mental Health Initiative Steering Committee
Robert Allen, Lorraine Breault, Elaine Campbell, Karen Cohen, Marilyn Craven, Maureen Desmarais, Linda Dietrich, Scott Dudgeon, Marie-Anik Gagné, David Gardner, Valerie Gust, Nick Kates, Denise Kayto, Francine Knoops, Terry Krupa, Francine Lemire, Barbara Lowe, Keith Lowe, Penny Marrett, Joan Montgomery, Enette Pauzé, Patti Reed & Phil Upshall

Canadian Collaborative Mental Health Initiative Steering Committee and Enhancing Interdisciplinary Collaboration in Primary Health Care Steering Committee
Janet Davies, Barry Power, Eugenia Repetur Moreno & Marsha Sharp

Enhancing Interdisciplinary Collaboration in Primary Health Care Steering Committee
Owen Adams, Gail Beattie, Dawn Burnett, Sharon Fotheringham, Pamela Fralick, Jacquie Lemaire, Ondina Love, John Maxted, Gabriela Prada, Glen Roberts, Mary-Ellen Schaafsma, John Service, Paula Stewart, Carole Stonebridge, Susan Wright & Marlene Wyatt

Enhancing Interdisciplinary Collaboration in Primary Health Care Group Consultation Participants
Pierre-Yves Therriault & Jacquie Ripat

National Children's Alliance Representatives
Debra Cameron & Debra Stewart

Pan-Canadian Awareness Campaign Advisory Group
Stephanie Wihlidal

CAOT Student Award

Each year, CAOT provides a student award to a graduating student at each Canadian university who has obtained the highest academic standing in coursework throughout the entire occupational therapy program.

Sonya Christophersen, McGill University;
Stephanie Chung, University of British Columbia;
Johanne Howell, University of Toronto;
Vincenzina L'Aurora, Queen's University;
Darryl Lacombe, University of Alberta;
Audrey Laliberté, University of Ottawa;
Sabrina Larose-Babin, Université Laval;
Emily Levitt, McMaster University;
Sarah MacKenzie, Dalhousie University;
Kendra MacKinnon, University of Manitoba;
Shanon Phelan, University of Western Ontario;
Valérie Thibault, Université de Montréal.

2006 Muriel Driver Memorial Lectureship Award – Dr. Mary Egan

Dr. Mary Egan

In the 24 years of her occupational therapy career, Dr. Mary Egan has made and continues to make a substantial contribution to occupational therapy education, research and teaching. Throughout Mary's career, she has exemplified the values of Muriel Driver, a gentle leader in our profession, who thoughtfully considered, described and examined important aspects of our unique profession.

Following graduation from The University of Western Ontario in 1982 with a Bachelor of Science in occupational therapy, Mary worked for 10 years with children and adults throughout Canada. In 1991, she received her Master of Science in occupational therapy from the University of Alberta and her doctorate in epidemiology from McGill University in 1999. Mary is an Associate Professor in the School of Rehabilitation Sciences at the University of Ottawa, where she has taught since 1996.

The considerable variety of her clinical experience provided Mary with an understanding of both the diversity of issues and commonalities in the concerns of occupational therapists working in ostensibly different settings. Combined with a high degree of intellectual curiosity, her work has led to examining a wide range of theoretical and clinical issues. Underlying all of her work is a concern for the provision of care that is both compassionate and rational.

Mary is perhaps best known for her work in spirituality and occupational therapy. In her 1994 article written with Denise De Laat "Considering Spirituality in Occupational Therapy Practice" suggestions were made for ways to reflect on and practice with an attention to spirit. The article contributed to a critical spark that rekindled debate on spirituality. She continues to develop these ideas which have touched many occupational therapists, providing the language to describe and champion the compassionate care they wish to provide.

Through her work on evidence-based occupational therapy, Mary has also become well-known for her contributions to rational care. Her research and theoretical reflection has led to methods for considering empirical and qualitative research evidence at each step of the occupational therapy process. This work has been disseminated in articles, book chapters and presentations. As well, Mary has contributed to evidence-based synthesis of research information useful in occupational therapy practice with individuals who have rheumatoid arthritis, osteoarthritis, fibromyalgia, stroke or dementia. Most recently, Mary has been appointed chair of the Ontario Society of Occupational Therapists Evidence-based Task Force.

Funding for her program of research has been received from the Canadian Occupational Therapy Foundation (COTF), the Canadian Institutes of Health Research, the Social Sciences and Humanities Research Council, the Office of Learning Technologies (Human Resources Development Canada), the Ontario Ministry of Health and Long-term Care.

Anyone who has spoken to Mary is aware of her passionate support for the Canadian model of occupational therapy practice. Mary has applied these principles in clinical practice and expanded their application in theoretical and research work. As guest editor for the Canadian Journal of

Occupational Therapy (CJOT) in 2003, Mary contributed to our understanding of the intersection between models of practice and evidence-based practice.

When you take a closer look at Mary's activities, they reflect a devotion to the profession of occupational therapy, therapists and students. She is actively involved in mentoring occupational therapy undergraduate and graduate students at the University of Ottawa, and graduate students in the distance program at Dalhousie University through her role as an adjunct professor.

Her devotion to Canadian occupational therapy is particularly evident by her work on Canadian occupational therapy publications. She has been a reviewer and review board member and is now an associate editor for CJOT. Mary served as column editor of the popular, "Towards Expert Practice" column which ran in OT Now from 2001 to 2005. In these roles, she provided many emerging authors with welcomed encouragement and useful guidance.

Mary has completed her first year as the Chair of the COTF Research and Scholarship Review Committee and will continue these duties next year. In 2003, Mary received a COTF Award of Merit for her voluntary contributions to the profession at the national level. She was the keynote speaker at the annual Ontario Society of Occupational Therapists conference in 2002.

Mary's colleagues at The University of Western Ontario and Ottawa University were proud to nominate her for the Muriel Driver award. This article was adapted from their nomination letter.

COTF 2006 Grant and Scholarship Recipients

Doctoral Scholarships – Jennifer Klein, W.B. (Ben) Mortenson, Gayle Restall & Jacinthe Savard

Master's Scholarships – Leslie Stratton Johnson, Dorothy Kessler, Mary (Melpomeni) Stergiou-Kita & Jacqueline Minezes

Goldwin Howland Scholarship – Heather Colquhoun

Thelma Cardwell Scholarship – Nora Fayed

Janice Hines Memorial Award – Michèle L.J. Hébert

Critical Literature Review Awards – Lori Letts, Lili Liu & Debbie Laliberte Rudman

Community Occupational Therapy Research Grant – Lynn Shaw

COTF Research Grants – Claire Dumont & Annette Rivard

Canadian Institute of Health Research Doctoral Research Award – Raphael Lencucha

Marita Dyrbye Mental Health Award – Michelle Ryan

Roulston / COTF Innovation Award – McGill University, McMaster University, Queen's University, The University of Western Ontario, Université Laval, University of Alberta, University of Manitoba, University of Ottawa & University of Toronto

Highlights from the CAOT May 2006 Board Meeting

By Tanya Baglole, CAOT Communications Coordinator

The CAOT board of directors recommended a zero per cent increase in member fees for the 2006-2007 fiscal year during its 2-day meeting, which began May 30, 2006 in Montreal. This recommendation was approved by CAOT members at the Annual General Meeting held on June 1, 2006 at Conference 2006, also in Montreal. Other items discussed at the CAOT board meeting focused on issues that reinforce CAOT's strategic objectives. Highlights of the meeting included approval of the following items:

1. Budget and Finances

- The 2006-2007 budget.
- The 2006-2007 annual donation to the COTF to assist with advancing research and scholarship in occupational therapy.

2. Appointments

The following appointments will begin October 1, 2006.

- Sandra Hobson – Chair of the Academic Credentialing Council
- Marjorie Hackett – Chair of the Appeal Board
- Shari Cherepacha – Chair of the Awards Committee
- Sue Forwell – Chair of the Executive Director Evaluation Committee
- Diane Méthot – Chair of the Nominations Committee
- Kim Baessler – Coordinator of Board Function
- Wade Scoffin – CAOT vice-president (1-year term)

3. Other Business

- The revised CAOT Code of Ethics for implementation January 1, 2007. Provinces and territories using the CAOT Code of Ethics (1996) are advised that it will be rescinded as of December 31, 2006. However, provinces and territories may continue to use the 1996 CAOT Code of Ethics under their own banner.
- A discussion paper on clinical practice guidelines.
- The BSc in Occupational Therapy Program at Dalhousie University was granted a 5-year accreditation award from November 2005 - 2010.
- A leadership award to recognize and honour the exceptional contributions of an occupational therapist who has strategically led activities to develop the profession.
- The Editorial Board's new strategic plan for the CJOT.
- The Archives Committee's budget proposal to fund an oral history project.
- Recommendations for a revised fee structure as a member organization in the WFOT.

Occupational therapy then: Stories from our past

OT Then Teaser ...

I (1860-1952) was born in Providence, Rhode Island in 1860 and studied art and design. My colleagues, family and today's writers describe me as a proponent of the Arts and Crafts Movement and a pioneer occupational therapist. On June 29, 1906 I set out for the coast of northern Newfoundland and Labrador to work at the Grenfell Mission. Little did I know at the time that my work over the next 10 years would lay the ground work for the future of occupational therapy in Newfoundland and beyond.

Who am I?

Check for answer on the CAOT website at www.caot.ca.

Timeless Souvenirs

Heather Weaver

On the evening of April 29, 2005 after what seemed like days of travel, I sat peering out the window as my tiny plane descended into Sarajevo. For the next 2 months, I would be completing my final level III fieldwork placement in Bosnia-Herzegovina. Months of planning and preparation had brought me to this moment and while buckling my seatbelt for landing, I knew that this experience would be one of the greatest learning opportunities of my life. I was not to be disappointed.

Squinting into the darkness, I thought back to almost 8 months earlier when this journey had first begun. At that time, the possibility of coming to Bosnia-Herzegovina for my final fieldwork placement in occupational therapy had seemed like wishful thinking. At last, thanks to the hard work and dedication of the many people at Queen's University and the International Center for the Advancement of Community Based Rehabilitation (ICACBR), that dream had become a reality. Coming to Bosnia-Herzegovina, I was uncertain what to expect. A decade after the signing of the Dayton Peace Accord, I had very little idea what was hidden behind this blanket of night sky that lay before me. Most of the literature about the country had been published during the war or shortly thereafter, so it was out of date.

Working with Clients

The first 3 weeks of my fieldwork placement was in Sarajevo at the Kosevo University Clinical Centre neurological rehabilitation department. Later, I traveled northwest to Banja Luka to spend time at the Trapisti Rehabilitation Centre paediatric department. My supervisor, Sanela Sadikovic, was the only charge occupational therapist for the entire country.

During my stay in Sarajevo, my supervisor and I worked together with one particular client who was recovering from a stroke that had resulted in hemiplegia. This woman was in her early 50's and had a husband and two sons waiting for her to return home. Traditionally, women are viewed as the primary caregivers of homes in Bosnia-Herzegovina. Throughout my placement, I met many women such as this client who were much more focused on regaining the skills to care for their loved ones rather than the skills to care for themselves.

Everyday when we worked this woman would try her best, pushing through the pain, never complaining and always greeting us with a smile. Together we worked on increasing strength and range of motion with the goal of regaining independence to manage her household. As the hospital had limited resources for occupational therapy, a cloth and weight on a table simulated ironing and plasticine was used to practice kneading dough and preparing vegetables.

From what I observed, hospitals in Bosnia-Herzegovina not only lacked physical resources, but also lacked a general knowledge of occupational therapy. As a sole-charge therapist for an entire country, my supervisor had far too many clients and not nearly enough time. Lengthy intake assessments to gain insight into clients and their occupational performance issues were often looked down upon. Sitting and talking with your client for even 20 minutes appeared as idleness rather than productivity.

The combination of these challenges and my limited knowledge of women's roles in Bosnia-Herzegovina led me to make assumptions about this particular client's primary goals and concerns. I assumed that this woman was pleased with the focus of her therapy and progress. One day, I happened to ask if she had any particular worries about returning home. Without hesitation, she responded with one word, "everything" and began to cry. As we continued to speak I learned that in fact, her greatest concern was how to get up and down off of the floor when playing with her youngest grandchild. Our approach and focus of therapy shifted immediately and we began concentrating on safe strategies for getting up from the floor.

Heather Weaver is an occupational therapist working in Banff, Alberta. She has recently returned from Sierra Leone where she volunteered as an occupational therapist with CAUSE Canada as part of CIDA's International Youth Internship Program. Heather can be reached by e-mail at: heather_weaver@hotmail.com

I received my first souvenir that day. The complexity of a person can never be understood at first glance, or even second, third, or fourth glance. I had been judging my clients the same way I was judging the country. Unaware and naïve, I had actually believed that after a brief assessment, I could form concrete opinions about the progress of both my clients and their environment. In the end, it was not until closing my eyes and listening with my heart that I learned the truth.

A second client was a young woman with a spinal cord injury. While she continually gave every ounce of effort during therapy, I had the distinct sense that she was consciously avoiding planning for the future. Had I been in her position, I am not sure my behaviour would have been different. Even if this woman was able to overcome discouraging employment statistics, the challenge of navigating a wheelchair from home to work seemed insurmountable. Though the country had shifted its focus from relief to development, the rights of individuals with disabilities were not a priority. In a city that lacked funds to replace buildings spoiled by shrapnel and bullets, it was difficult to convince property owners to install wheelchair ramps and accessible bathrooms. Another souvenir was given to me as I came to realize that individuals living in post-war settings experience all the same challenges to engaging in occupation as those residing in peaceful societies, in addition to many, many more.

Life after the War

As I began to explore Sarajevo, I was fascinated by the city's newly built structures standing adjacent to buildings studded with bullet holes and broken windows. As an outsider, I saw these as signs of development and examples of a country well on its way to physically recovering from war. In Banja Luka, physical destruction from the war was much less evident, to the point at which I actually questioned if it was the same country. Everywhere I looked there were cafés and designer clothing stores. It appeared that there was plenty of money being spent, which I assumed meant an abundance of money being earned. Surely, I thought, the country's economic situation must also be on the upswing.

My perceptions were challenged when I spoke to my supervisors, colleagues and others I met along the way and I quickly discovered how these perceptions were completely incorrect. Everyone I talked to had an incredible story of how they had survived the war and how hard it had been ever since. I learned that jobs were few and far between and incomes were low. A countless number of times I was told that before the war, Bosnia-Herzegovina was so safe you could sleep in the parks at night. Yet during my 3 brief weeks in Sarajevo, there were at least two burglaries in the building where I lived. Crime had increased while jobs and incomes had decreased. Even worse, the tensions and pain continued to exist between ethnic groups. This was not the ideal picture of development that I perceived upon my arrival and I began to see that even after 10 years of peace, the war was continuing to create occupational performance issues in the lives of its survivors. Another souvenir etched in my memory.

My Final Souvenir

The wounds of war go far beyond what can be seen with the naked eye. For every damaged building, there are hundreds of stories of people who lived and died. In the same way, the depth of each client goes far beyond their needs to increase strength, endurance and range of motion. Behind every client's disability is a story of how the war has changed their life. In post-conflict countries, these stories become even more complex as environments in reconstruction provide additional challenges to rehabilitation and to achieving optimal occupational performance. As with any trip, my time in Bosnia-Herzegovina provided me with countless quirky stories, from attending a sheep shearing festival to being filmed by a Japanese TV crew. But on a deeper level, I left Bosnia-Herzegovina with a timeless souvenir of a new way of understanding my clients and the world in which they live.

Acknowledgements

My thanks go out to the many people, both at home and abroad, who made this experience possible. Without the help of Anne O'Riordan, Djenana Jaklovcic, Michelle Villeneuve, Sanela Sadikovic, Dr. Natasa Tomic, Dr. Drudica Papic, Darko Krznaric and countless others at the International Centre for the Advancement of Community Based Rehabilitation, the School of Rehabilitation Therapy at Queen's University, Trapisti Rehabilitation Centre and Kosevo University Clinical Centre, this dream would have never become a reality. Most importantly, thank you to the people of Bosnia-Herzegovina who welcomed me with open arms. Hvala!

National Occupational Therapy Month: Yes, I Can!

Tanya Baglole, CAOT Communications Coordinator

This October is OT month and provides a great opportunity to promote the profession of occupational therapy. Our theme this year is "Yes, I Can!"— a powerful message that every person can and should take part in their desired activities, regardless of age or ability.

We encourage you to integrate the "Yes, I Can!" theme into your OT Month activities. We are developing a series of vignettes that feature how consumers have benefited from the work of occupational therapists. These vignettes will be available on the CAOT website. Please feel free to download them for use in your OT Month promotional efforts. You will also find the "Yes, I Can!" logo, sample press releases, public service announcements and a promotional item order form. The OT Works website (www.otworks.ca) is also an excellent source of consumer information.

The special September issue of OT Now will complement the "Yes, I Can!" theme by focusing on occupational therapy leaders who have used their occupational lenses to promote the health and occupation of Canadians. OT Now will profile these leaders from the fields of research, education, lifelong practice, administration, innovation, community and policy development.

Each month, a national OT Month Committee meets and shares plans for OT month events that will take place across the country. For information regarding your province or territory's specific initiatives, please contact the individual committee member listed below.

2006 OT Month Committee Members

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The National OT Month Committee will continue to keep you informed as more plans solidify across the country. Watch for updates on the CAOT website and in your provincial/territorial communications.

In the meantime, consider these **10 steps to a successful month:**

1. Determine your goals.
2. Organize your OT Month committee.
3. Focus on a target audience.
4. Determine what information you want to convey.
5. Decide how to distribute your information.
6. Plan the best time and location of your events.
7. Delegate responsibilities to your OT Month committee.
8. Find others to help you.
9. Use CAOT resources.
10. After national OT Month, discuss what worked and what didn't.

For a complete description of these 10 steps for a successful month, visit http://www.caot.ca/default.asp?ChangeID=191&pageID=191

Remember that we can promote occupational therapy to our clients, public, decision and policy makers and effect change at the local, regional, provincial, national and international levels.

Let's start planning for OT Month now!

Workforce Integration Project: Findings and Recommendations

Claudia von Zweck, CAOT Executive Director

Canada has a history of opening their doors for people who wish to come to this country and begin a new life. When immigrants arrive in Canada, they often leave behind families and established careers. These individuals include occupational therapists trained in countries with different cultures.

Many international occupational therapy graduates experience difficulty integrating into the Canadian occupational therapy workforce despite a nationwide demand for occupational therapists. The Workforce Integration Project was therefore undertaken to address the following question: "What are the issues that facilitate and/or inhibit the integration of international occupational therapy graduates into the Canadian occupational therapy workforce?" Project findings will be used to develop recommendations for future action.

The project involved several phases:

1. **A review of the research literature and policy documents.**

2. **Interviews with stakeholders**, including regulators, educators, employers, and professional organizations.

3. **Written survey** distributed to internationally educated occupational therapists who registered to practise in Canada within the past 5 years.

4. **Interviews with internationally educated occupational therapists.**

5. **Recommendations** regarding issues highlighted by the research.

Findings will be reported according to each of the sub-questions.

Project Findings

1. What types of policy affect the ability of international graduates to work as occupational therapists in Canada?

Immigration policy:
Canadian immigration policy has created waiting periods of up to 5 years for skilled workers to come to this country, unless applicants have family members in Canada to sponsor them or a job offer from an employer. International trade agreements like NAFTA may facilitate temporary work permits.

Entry-to-practice requirements:
Entry-to-practice requirements vary across Canada, creating inconsistencies. Practice entry costs also differ considerably by region and can rise quickly for those not meeting set standards. Many international graduates have trouble managing the associated costs, particularly if they are unable to practise here. Graduation from a WFOT accredited education program facilitates mobility of international graduates in some jurisdictions. Proposed new competency assessment tools were recommended by study participants that may increase consistency of entry-to-practice requirements.

Most provinces require successful completion of the national certification examination. Regulators have expressed concern that exam sittings were offered only twice per year, as provisional registrants may practise for up to 1 year without passing the exam. International graduates were often unable to obtain employment while waiting to write the exam and employers were sometimes hesitant to hire provisionally registered international graduates.

Immigration restrictions have prevented many international graduates from writing the exam. In addition, a large number of international graduates experience difficulties with preparation

and successful completion of the national certification examination. Possible reasons include difficulty understanding Canadian practice and culture, unfamiliar terminology, limited experience with multiple choice questions, and inadequate preparation.

Not all provinces have regulatory requirements for language fluency, and international graduates may have difficulty judging their ability to communicate in an occupational therapy context. Participants who did not study occupational therapy in English or French found language to be the biggest barrier to practising in Canada.

2. What resources are available to assist international graduates to work in Canada as occupational therapists?

Alberta and Quebec have upgrading programs to help international graduates meet the standards, although these programs report a high attrition rate. Because these programs are directed toward helping the candidate meet the academic standard for their province, the applicability for other provinces is limited.

Only one program is available to assist international graduates with preparing for the certification examination. This program has recently introduced distance education to allow more international graduates to participate.

Language training and employment readiness programs are available from many settlement agencies and other government organizations, but are not tailored to occupational therapy. In one province, a pilot project is being developed for an occupational therapy specific language training program.

3. What workforce issues affect the ability of international graduates to work in Canada as occupational therapists?

Labour market information suggests a strong and growing demand for occupational therapists throughout Canada (Human Resources and Skills Development Canada, 2005). Provinces with more publicly funded health and social services employ more occupational therapists per capita. The availability of third-party funding has also increased the number of occupational therapists working in sectors such as workers' compensation and auto insurance.

Employers in areas with occupational therapist shortages are more willing to consider hiring international graduates. Positions are typically available in community settings, private practice, and entry-level positions which frequently involve contract or casual employment. International candidates may be at a disadvantage because of cultural and practice differences in Canada or a lack of Canadian work experience. Employment opportunities may also be influenced by the openness and cultural competency of the receiving community.

4. Who are the international graduates that come to work in Canada as occupational therapists?

Approximately half of international graduates who registered with regulatory organizations between 2000 and 2005 responded to the project survey. They were predominantly young, female and educated in English or French, and most received their education in the US, UK, India, Philippines and South Africa. About one-fifth were Canadian citizens who studied abroad. Ontario was reported to be as the province of first registration for the majority of respondents (51%), followed by British Columbia (24%), Quebec (8%), Alberta (7%) and Manitoba (7%).

5. What are the experiences of international graduates prior to leaving their homeland and with integrating into the workforce?

A national profile of international graduates who apply to work in Canada is unavailable, so a complete picture of their success in the occupational therapy workforce cannot be obtained. Provincial regulators estimated the number of annual applications received between 2000 and 2005 was approximately double the number of actual registrations. While some of these international graduates may not have met entry-to-practice requirements after applying, there may be other reasons for this finding. Many international graduates may have applied to multiple organizations or decided not to pursue registration. The number of applications to regulatory organizations may also have been over-estimated. It is also known that more than 35% of international graduates do not register with regulatory organizations after writing the certification examination. Many may not have received immigration approval to come to Canada. Study results

indicated many international graduates were marginalized after 1 or 2 failures on the exam.

Almost one quarter of survey respondents in this study were dissatisfied with the process of meeting practice requirements. Some respondents commented that organizations were indifferent to their needs and not welcoming to international graduates wanting to practice in this country. In the absence of a clear pathway that delineated steps, requirements and timelines, international graduates needed to actively seek out information regarding registration processes from a number of sources, including web sites of different organizations, as well as friends and acquaintances that had recently come to Canada.

Many study participants initiated the credential recognition process before they came to Canada; however, some reported difficulty with obtaining information about immigrating to Canada. Several felt they were misinformed about working requirements and opportunities. Almost all international graduates participating in the survey indicated they had occupational therapy work experience before immigrating. Some participants described discriminatory employer practices, particularly regarding their past work experience.

Participants who came to Canada from culturally different countries reported feeling disoriented and confused upon arrival. They required formal instruction and support to understand values, beliefs, and priorities of other cultures. Participants also identified the need for resources to understand Canadian health and social systems, as well as cultural, legal, and ethical considerations for practice.

Strategies for finding employment included moving to areas with workforce shortages, taking jobs in less desirable practice areas, volunteering, and working in casual employment or in support personnel roles. International graduates found informal networking helpful, but they identified the need for assistance, such as mentoring programs, to assist with finding jobs, adjusting to their work, and building their competency as occupational therapists.

Most international graduates who met entry-to-practice requirements found employment as occupational therapists within 2-3 months of registration, although 11% of respondents reported disillusionment with working in Canada. They had difficulties finding work and felt unsupported by their colleagues or by the occupational therapy profession.

Recommendations

The problems that result in marginalization of international graduates require action to avoid lost capacity needed for a sustainable occupational therapy workforce in Canada. Potential actions to address the issues have been identified, and the project advisory committee will explore these strategies through continued dialogue with international graduates, regulators, educators, professional associations, employers, policymakers, and other stakeholders. See the table below for details.

Potential solutions to promote integration of international graduates in the occupational therapy workforce

Identified Problem	Potential Recommendations
Wait list to come to Canada as a skilled worker too long.	Advocate for the need for occupational therapists in Canada with immigration officials.
Difficulty obtaining temporary work permits.	Improve accessibility and availability of information for occupational therapy employers regarding immigration and registration processes.
Difficulty accessing information regarding registration requirements.	Coordinate and centralize standards and processes regarding registration. Provide accessible, clear information about work requirements.
Failure to meet language requirements.	Continue developing profession-specific language assessment and training resources.

Identified Problem	Potential Recommendations
Failure to meet academic credentialing requirements.	Consider alternate competency assessment methods.
Problems preparing for and passing the national certification examination.	Increase availability and accessibility of upgrading programs.
Difficulty understanding cultural, legal, and ethical considerations of Canadian practice.	Improve availability of national certification exam preparation resources, assistance, and access.
Difficulty linking with employers, occupational therapists, and professional resources.	Provide distance education training materials and resources. Provide information and services that facilitate information sharing and networking (e.g., mentoring programs).
Inability to find employment as occupational therapist.	Provide employer resources to assist international graduates in the workplace.
Discriminatory practices.	Promote the value of a diverse occupational therapy workforce.
Inefficient and/or indifferent processes for international graduates.	Create a welcoming environment for that meets international graduates' needs. Implement continuous-improvement evaluations and initiatives (e.g., tracking processes to monitor success in credential recognition, upgrading programs).

Conclusion

This study was made possible through the support of the Government of Canada Foreign Credential Recognition Program and the contributions of numerous study participants. It is hoped that project findings will result in tangible changes to facilitate the ability of international graduates to work as occupational therapists in Canada, and to ensure a sustainable, diverse Canadian occupational therapy workforce in the future.

For further information regarding the Workforce Integration Project, please contact Pamela Burnett Hicks at pburnett@caot.ca.

Reference

Human Resources and Skills Development Canada. (2005). *Occupational therapists (NOC 3143).* Retrieved August 30, 2005, from http://www.labourmarketinformation.ca

Declarative Title: Strategy training for apraxia may promote generalization to non-trained tasks for individuals who have had a stroke

Structured Abstract

Summary of Geusgens, C., van Heugten, C., Donkervoort, M., van den Ende, E., Jolles, J., & van den Heuvel, W. (2006). Transfer of training effects in stroke patients with apraxia: An exploratory study. Neuropsychological Rehabilitation, 16, 213-229. (Prepared by Deirdre Dawson, CAPs Advisory Group Member)

Research question/purpose: Does the use of a global strategy promote transfer of effects beyond the trained tasks?

Design: Secondary analysis of data from a randomized controlled trial.

Setting: Recruitment and intervention carried out at 15 rehabilitation centres and 34 nursing homes in the Netherlands.

Participants: All clients admitted to the inpatient care units of the participating facilities and referred to occupational therapy with a diagnosis of a left hemisphere stroke were screened for apraxia. They were eligible to participate in the study if apraxia was present. Of the 139 clients selected by the occupational therapists, 113 participated in the study (11 had scores above the cut-off on the apraxia test, 4 withdrew consent, 7 were discharged before the treatment was complete and 30 were excluded for other reasons). Fifty-six people were randomized to the strategy training group and 57 to the usual occupational therapy group. There were no significant differences between the groups in terms of age, gender, education, handedness, time from stroke (mean of 100 days), and functional level on measures of apraxia, motor functioning, comprehension and basic activities of daily living (ADL). There were also no significant differences in terms of the type of stroke although 21% of the participants in the strategy group had haemorrhagic strokes compared to only 7% in the usual treatment group. Participants were tested pre-intervention, 8 weeks later when the intervention was complete and again 5 months after enrollment into the study.

Outcome measures: The primary outcome measure was ADL Observations, a set of standardized observations designed to assess ability limitations due to apraxia. The four tasks, all of equivalent difficulty according to Assessment of Motor and Process Skills (AMPS), were washing face and upper body, putting on a shirt/blouse, preparing and eating a sandwich, and preparing hot chocolate. Tasks are scored on independence, initiation, execution and control. All therapists agreed not to train the hot chocolate task. The other three tasks may have been used for training. The occupational therapists recorded the tasks they trained; there was no difference in the proportion of trained versus not-trained (not addressed in therapy) tasks between the two treatment groups.

Intervention: Strategy training involved teaching clients to approach ADL tasks in three phases: initiation and orientation (planning the action, selecting the objects), executing the plan, evaluating and correcting the result. Specific problems of each client were identified during observation and then intervention focused on these problems using instructions, assistance and feedback to correspond to the three phases. Participants in this group had an average of 15 hours (SD=7.7) of occupational therapy.

Usual treatment was occupational therapy focused primarily on motor impairments with a variety of treatment methods. Participants in this group had an average of 19 hours (SD=15.0) of occupational therapy.

Main Findings: The primary analysis done was analysis of co-variance. In this case, the authors wanted to know whether the changes observed over time were significant due to time and/or due to the group that participants were in. A significant group effect would mean that changes were greater in one group relative to the other. To ensure that the changes were due to the treatment they included age, improvement in motor function and improvement in apraxia as co-

variates in their analysis. At baseline there was no significant difference between the two treatment groups on ADL Observation scores for trained and non-trained tasks. For the total group, scores for trained tasks were significantly higher than those for non-trained tasks (p=0.000).

At the post-treatment assessment (8 weeks), scores for the trained and non-trained tasks for the whole group improved significantly (p=0.004, p=0.00) with scores for the trained tasks remaining higher (as at baseline). In addition, a significant main effect for the group was found with the strategy training group having significantly larger changes in ADL observation scores than the usual treatment group on the non-trained tasks (p=0.35). Although the ADL observation scores for trained tasks also improved over the 8-week period and showed a trend for improving more in the strategy training group, this did not achieve statistical significance. At the 5-month follow-up, scores for trained and untrained tasks remained unchanged from the 8-week post-test.

Authors' Conclusions and Comments on Clinical Relevance: Both groups improved significantly over the 8-week intervention period on trained and non-trained tasks. The significant improvement observed in non-trained tasks suggests that generalization of training effects is occurring. Further, change scores in the strategy training group for the non-trained tasks were larger than in the usual treatment group suggesting this treatment was more effective for promoting generalization. More research is necessary to enable firmer conclusions to be drawn about the effects of strategy training on generalization for people with apraxia. The authors indicate they are currently involved in additional work in this area.

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Commentary on Geusgens et al. (2006)

Commentators

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Geusgens et al. have published an interesting and welcomed secondary data analysis on work previously published by Donkervoort and colleagues (2001). Welcomed because there is a dearth of evidence to guide occupational therapists in the treatment of apraxia. The widely cited cognitive rehabilitation review by Cicerone et al. (2000) did not touch on the topic and the updated review published in 2005 cites only two papers (one being the Donkervoort paper). Interesting because of the use of strategy training.

In this study, Geusgens et al. were attempting to shed some light on the critical question of transfer of training. In the 1980's the prevailing wisdom among those of us working in cognitive rehabilitation was that if we trained underlying processes the benefit would transfer to many different tasks. There was an implicit assumption that we were restoring the cognitive process and that generalization would occur. In the occupational therapy literature, Joan Toglia (1991) is perhaps most famous for raising the red flag in relation to this as she started writing about the need to train for generalization. In the last 15 years, we have learned that rehabilitation of cognitive processes does not transfer to change in daily function unless transfer is specifically trained. Unfortunately, there is a dearth of work in any area of cognitive or perceptual rehabilitation research that provides evidence on approaches that promote generalization.

Methods Issues

The data this paper was based on resulted from a randomized control trial (RCT) carried out in a reasonably rigourous fashion. Both participating occupational therapists and clients were randomized to either the strategy training group or the usual treatment group. Primary outcome assessments were done by a research assistant blind to the treatment group. One of the common problems with RCT rehabilitation intervention studies is the potential for contamination between treatment groups. This study also suffers from this possibility as there were therapists and patients

from both groups at each of the 49 participating institutions and therapists were randomized within each facility in blocks of two. It is hard to imagine that a pair of occupational therapists working in the same facility would not be aware of the treatment approaches being used.

There are some further details we would like to know about the experimental intervention. It is not clear that the strategies were taught as a global intervention, which is that the strategies were trained in a manner to enhance generalizability. The 2001 paper provides a few more details indicating the therapists used strategies such as verbal self-instruction, and writing down or depicting activity sequences to guide the task and the 1998 paper (van Heugten et al.) includes an appendix indicating the hierarchy of interventions. It would be very interesting and helpful to know exactly how the strategy training was actually enacted. As well, details about the usual treatment would also be helpful.

The primary outcome measure for this study is the ADL Observations. This measure has been reported by the authors to have reasonable psychometrics. The scoring details are published (Van Heugten et al., 2000). Although the original instrument calls for three prescribed ADL activities and one to be chosen by the therapist and client, the study being reviewed used four prescribed activities (washing face and upper body, putting on a shirt/blouse, preparing and eating a sandwich, preparing hot chocolate). Only one study participant was trained on the hot chocolate task so this truly represented an untrained and possibly unfamiliar task for many. We are concerned that the washing and dressing tasks likely represent over-learned tasks and likely were rehearsed daily by everyone. A better comparison may have been between the trained sandwich preparation and the untrained hot chocolate preparation only.

The authors analyzed their results in a reasonable manner. The analysis of co-variance allowed determination of whether changes were within each treatment group or whether changes in one group were greater than the other. Further, controlling for age and improvement in upper extremity motor functioning and apraxia (over the 8 weeks) allowed the interpretation of the effects to be related to the training.

Application to Practice

The results of this study are encouraging for occupational therapists. Both groups showed significant improvements on the ADL Observations measure at the post-training assessment with the strategy training group being significantly better on the non-trained tasks. It is difficult to determine if the differences in change scores are however clinically meaningful. We tried to map the scores in this article on the details of the measure in the appendix of the 2000 paper by van Heugten et al. but as the scales seem to be reversed we were not able to draw any conclusions. Nevertheless, as improvement in motor functioning and apraxia were controlled for this suggests a benefit of both usual occupational therapy and strategy training beyond spontaneous recovery. Although there were no additional gains at 5-month follow-up for either group neither was there deterioration on this measure. It would appear that the effects of the 8-week training were maintained.

We think it is also important to view these findings in the context of the increasing evidence supporting the value of meta-cognitive or global strategies for improving function in day-to-day life in relation to several cognitive problems. Cicerone et al. (2005) cite evidence for the value of this approach in relation to attention, working memory, and executive function. Polatajko and Mandich (2004) have demonstrated that this approach is also useful for improving occupational performance in children with developmental coordination disorder. Although we do not have a lot of evidence to support strategy training, it appears to us that there is converging evidence supporting the use of a global strategy (for this treatment intervention it was plan the action, select the objects, execute the plan, evaluate the plan and correct the result). Although clearly not for everyone, we encourage people to try this strategy training in practice.

A final note is to express our frustration that even after reading this paper and three preceding papers by this group of researchers we still don't know exactly what the occupational therapists did (in either group) nor how they decided on the selected intervention. We would encourage these and other authors to make more details on the actual interventions available. We hope that in their planned prospective study they

will have the treating therapists track the strategies they actually use with participants and the criterion on which the therapists selected these strategies. This has the potential to greatly enhance our knowledge of effective techniques for learning and transfer in clients challenged with apraxia.

References

Cicerone, K. D., Dahlberg, C., Kalmar, K., Langenbahn, D. M., Malec, J. F., Bergquist, T. F., et al. (2000). Evidence-based cognitive rehabilitation: Recommendations for clinical practice. *Archives of Physical Medicine & Rehabilitation, 81*, 1596-1611.

Cicerone, K. D., Dahlberg, C., Malec, J. F., Langenbahn, D. M., Felicetti, T., Kneipp, S., et al. (2005). Evidence-based cognitive rehabilitation: Updated review of the literature from 1998 through 2002. *Archives of Physical Medicine and Rehabilitation, 86*, 1681-92.

Donkervoort, M., Dekker, J., Stehmann-Saris, F. C., & Deelman, B.G. (2001). Efficacy of strategy training in left hemisphere stroke patients with apraxia: A randomized clinical trial. *Neuropsychological Rehabilitation, 11*, 549-566.

Polatajko, H., & Mandich, A. (2004). *Enabling occupation in children: The Cognitive Orientation to Occupational Performance (CO-OP) Approach.* Ottawa, ON: CAOT Publications ACE.

Toglia, J. P. (1991). Generalization of treatment: A multicontext approach to cognitive perceptual impairment in adults with brain injury. *American Journal of Occupational Therapy, 45*, 505-516.

Van Heugten, C., Dekker, J., Deelman, B., Dijk, A., Stehmann-Saris, F., & Kinebanian, A. (2000). Measuring disabilities in stroke patients with apraxia: A validation study of an observational methods. *Neuropsychological Rehabilitation, 10*, 401-414.

Van Heugten, C., Dekker, J., Deelman, B., Dijk, A., Stehmann-Saris, F., & Kinebanian, A. (1998). Outcome of strategy training in stroke patients with apraxia: A phase II study. *Clinical Rehabilitation, 12*, 294-303.

You can join the on-line discussion for this CAP at www.caot.ca beginning July 15, 2006 and ending September 15, 2006

On Your Behalf

Canadian Falls Prevention Curriculum

CAOT will be involved in the Canadian Falls Prevention Curriculum, a 3-year project which received funding approval in October, 2005 from the Population Health Fund of the Public Health Agency of Canada. The project will develop and pilot test a training curriculum for people working in the area of falls prevention among older adults (those 65 and over). In Canada there is presently no curriculum of this nature.

This initiative will provide the knowledge and skills needed for an evidence-based approach for fall prevention and will include:

- A selection of interventions consistent with proven prevention strategies.
- An understanding of how to integrate falls prevention programming into existing seniors' health services policies.
- The knowledge of appropriate evaluation and dissemination techniques.

The need for this training was identified through a Canada wide survey of practitioners working in the area of seniors' falls prevention. Ninety-one percent of respondents (N=292) indicated the need for a national curriculum to teach how to design, implement and evaluate effective falls prevention programs. CAOT will assist with recruiting participants for the curriculum's pilot testing, reviewing curriculum content and format for appropriate target audiences, and helping to disseminate the final curriculum.

Canadian Collaborative Mental Health Initiative (CCMHI)

The Canadian Collaborative Mental Health Care Project funding has been extended to June 30, 2006. The CCMHI will focus on three deliverables:

1) A series of papers that document the state of collaborative mental health care in Canada.
2) Tools tailored to providers, educators and consumers, families and caregivers to help them establish and participate in a collaborative care network in their community.
3) A Charter expressing the continued commitment of the steering committee organizations to work together and strengthen the delivery of mental health care.

The series of papers comprise 10 papers and 2 internal working documents which look at the state of collaborative mental health care from various perspectives. Two particularly useful papers are the annotated bibliography examining the current literature on collaborative care in primary health care and a review of over 90 Canadian collaborative initiatives. Visit the CCMHI Website at www.ccmhi.ca to view or download the papers.

Twelve toolkits are available from the CCMHI Website. The toolkits are tailored to assist providers and planners in the implementation of collaborative initiatives; help mental health consumers and their family members understand mental illness and work with other members of the care team; inform educators of the benefits of inter professional education and provide tools to teach about collaborative mental health care. Each toolkit was developed with an interprofessional expert panel and guided by a working group that represented a number of key stakeholder groups. For a complete list of toolkits, visit www.ccmhi.ca and go to "Our Products" then "Toolkits".

A real cornerstone of CCMHI is the Charter which is a pledge among the 12 national organizations to work together to support the delivery of mental health services in primary care through interdisciplinary collaboration.

CCMHI is currently investigating steps to sustain the project's momentum. Some of the options that are being explored include ongoing website presence with updates of literature and current CCMHI documents, influencing the development of the Canadian Mental Health Commission (for further details see the press release at http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2005/2005_130_e.html) to assume responsibility for some of CCMHI's goals-integration of mental health and primary health care, as well as developing an advisory network.

Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative (EICP)

The EICP final event on April 25, 2006 marked the launch of the EICP Principles and Framework Document and the Toolkit for Collaborative Practices in Primary Health Care. These documents will be available to CAOT members on

On Your Behalf

www.eicp.ca. The Conference Board of Canada has invited the EICP Steering Committee member associations to participate in another study called "Defining Team Core Competencies in Primary Health Care for Improving Chronic Disease Management: A Change Process". This study will map the competencies needed for chronic disease management, an area where occupational therapy can have a major impact on the health outcomes and quality life of this population. We are waiting to obtain funding approval.

Health Human Resources Data Development Project

This project is directed toward the development of supply-based databases of information for 5 health professions including occupational therapy, pharmacy, physiotherapy, medical laboratory technicians and medical radiation technicians. The Canadian Institute of Health Information is coordinating this initiative.

Work has been undertaken in National Office to change our membership renewal form to collect information on each of the data elements required for the Database Project. Data will be collected using this new form for the 2006-2007 membership year. CAOT signed a letter of agreement with the Canadian Institute for Health Information to act as a data provider for the 3 territories. CAOT was successful in receiving a grant from Health Canada to fund the costs associated with acting as a data provider.

Stable, Able and Strong Project

The Stable, Able and Strong project aims to develop supports for community dwelling seniors who have experienced a fall. These supports will enable them to maintain or resume engagement in meaningful activities in their home and community. Principles of peer learning are being incorporated into the development of post-fall modules which will address the emotional, physical and social sequelae of falls. The project is focusing on healthy occupation and reduction of risk for future falls.

In December 2005, a literature review was completed which identified current knowledge about self-help approaches and education programs for seniors, as well as best practices in post-fall interventions. Consultations with stakeholders to develop a Post-Fall Support model and to determine how to build on existing fall prevention and fall-support services have occurred through a National Advisory Committee meeting held in January 2006, and ongoing e-mail correspondence with committee members. A peer leader manual is being developed which will enable seniors to lead post-fall support groups for other seniors who have experienced a fall. This support group will use resources, assistive devices and activities to help seniors maintain independence, participate in occupations and prevent subsequent falls. A collection of resources pertaining to fall prevention and fall management are also being developed. Charlottetown, Ottawa and Calgary are the sites for the pilot test of the post-fall support modules.

Greetings from the Editor

OT NOW has a distinguished and valued place in our occupational therapy community and I am thrilled to be joining the team of this great publication.

As I continue the very fine work of my colleague Mary Clark as the new editor of OT NOW, I look forward to hearing your stories and enabling you to make your voices heard through these pages.

Comments, suggestions, story ideas? I would love to hear from you.

Fern Swedlove
OT NOW Managing Editor
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Occupational Science: A Source of Validity and Knowledge for Occupational Therapy Practice

Andrea Segsworth, Becky Sittler & Tatum Wilson

In May 2006, the Division of Occupational Therapy at the University of British Columbia and the Canadian Society of Occupational Scientists co-sponsored the 3rd Canadian Occupational Science Conference. This conference was a very successful gathering of individuals interested in occupational science from across the country and around the world. One of the many discussions pertained to the nature of the relationship between the discipline of occupational science and the profession of occupational therapy.

Canadian occupational therapy programs are beginning, more and more, to use occupational science knowledge as a basis for student education in occupational therapy practice. Students are welcoming of this linkage, finding the relationship between occupational science and occupational therapy valuable to their learning. Below are short essays written by occupational therapy students from three Canadian universities illustrating their thoughts about the complementary nature of occupational science and occupational therapy.

The profession of occupational therapy is perpetually seeking to establish its identity, both publicly and professionally. Awareness of what an occupational therapist does is growing, yet the term "occupation" remains a source of confusion. In my view, there are two main reasons for this. Firstly, there is little consensus within the profession of occupational therapy as to the definition of occupation and to most outsiders the term means "job". Secondly, our profession is extremely diverse with respect to its practice contexts and the interventions undertaken, which leads to further confusion as to our overall practice goal of enabling occupation. For those familiar with occupational therapy, these contexts and interventions make sense; therapists are seeking to enable occupation in many different places, in many different ways. Thus, the centrality of occupation to occupational therapy practice is commonsensical to those practicing in the field. However, for others the diversity of contexts and interventions adds to the confusion of the term occupation. In my view, the discipline of occupational science will help clarify these issues surrounding the term occupation.

The study of occupational science provides a unique opportunity to explore the notion of occupation as understood by occupational therapists. The focus of occupational science research seeks to de-mystify esoteric concepts and make them explicit. The knowledge base achieved through occupational science research will help to disseminate research findings related to occupation, thereby supporting occupational therapy interventions. For example, research that seeks to support the inherent value of leisure occupations will help substantiate the importance of interventions that facilitate leisure. Moreover, with the introduction of Master's and Doctoral level programs in occupational science, the concept of occupation will become better understood.

The profession of occupational therapy and the discipline of occupational science need not be divergent or seen as adversarial. Rather, they have the potential for a symbiotic relationship. They share a common philosophy of the inherent value of occupation. However, their research foci are divergent, thus each has a distinct approach. The focus of occupational science raises questions that seek to define occupation, its value, meaning, complexity and commonality. Occupational therapy research, in contrast, focuses on clinically relevant questions. These clinical questions stem from diverse practice contexts, and are related to specific interventions and their effectiveness in

CSOS Canadian Society of Occupational Scientists

Edited by Polatajko and Davis,on behalf of CSOS Visit CSOS at

targeted populations. In effect, the approaches may be different, yet the underlying theoretical foundations are similar. As the discipline and profession form their own unique bases of evidence, their achievements will be mutually beneficial. For example, as occupational science is able to demonstrate the meaning of occupation for individuals, and clarify the term occupation, policy makers will realize the value of the profession of occupational therapy. In this way, the demand for and understanding of occupational therapy will increase due to the research provided by occupational scientists.

The core beliefs of occupational therapy may be widely held by those familiar with the profession, however the empirical base behind the inherent value of occupation has not been well established. The discipline of occupational science is well positioned to clarify occupational therapy concepts, thereby increasing recognition of occupation, its meaning and thus the value of occupational therapy.

~ Andrea Segsworth, Occupational Therapy Student, the University of British Columbia

Occupational science and occupational therapy are offshoots from the same root. As such, they share many core assumptions; for example, humans are occupational beings, occupation is a determinant of health, and persons are holistic beings (CAOT, 1997; Yerxa, 1993). A distinguishing factor between occupational science and occupational therapy, however, is in their areas of relative strength. Comparing the two, occupational science is in a stronger position to generate knowledge about occupation and its relationship to health and human endeavors; occupational therapy's relative strength lies in the application of knowledge to practice (Yerxa, 1993). Simply stated, occupational science can inform occupational therapy of evidence pertinent to occupation and health. Occupational therapy can, in turn, direct occupational science to issues relevant to the occupational well-being of individuals and communities. Acknowledging the complementary nature of occupational science and occupational therapy is a necessary first step. Next, it is important to operationalize our relationship with occupational science to benefit our profession, clients and community.

In the context of limited healthcare resources, occupational therapists need evidence of the effectiveness of their interventions to justify resource allocation to occupational therapy practice and research and to ensure provision of best practices for their clients. Occupational science can validate and elaborate upon the enabling and health-promoting qualities of occupation, through an increase in occupation-related research and theory. This new knowledge will enhance occupational therapists' ability to communicate our work and worth to others, identifying to the funding agencies and the public how they might benefit from occupational therapy services.

The research offered by occupational science is also valuable to occupational therapists forging practice in non-traditional areas such as penitentiaries. Prisoners may be occupationally deprived or challenged (Whiteford, 1997), but are not accessing occupational therapy services through the health care system. In these cases, existing occupational knowledge becomes a framework for therapists to boldly navigate new practice areas. Due to the spectrum of disciplines contributing to it, occupational science provides valuable information where clients' issues may stem not only from a medical condition, but also from social or cultural challenges. Whether therapists are proposing the benefits of occupational therapy, providing service, or evaluating effectiveness in a new practice setting, the knowledge gained from occupational science can be an important tool.

Lastly, the profession of occupational therapy can benefit by adding the knowledge generated by the discipline of occupational science to the pre-existing educational resources available for students and clinicians (Yerxa, 1993). In light of occupational therapy's broad scope and subsequent competencies to be mastered, therapists should welcome occupational science's gift of knowledge, enabling better self-directed learning as well as increased confidence and competence in practice skills. In return, occupational science can attend to the work of occupational therapy to gain perspective on occupation and health as elucidated by occupational therapy researchers, practitioners and their clients. Certainly, there is much that the discipline and the profession can offer each other to enable growth in understanding the complexities of occupation and its enablement.

In the interests of the occupational therapy profession, its clients and communities, therapists must eagerly advance the partnership between occupational science and occupational therapy. Practically, this partnership can be advanced

through the application of occupational science's research to justify services, support evidence-based practice, advance non-traditional occupational therapy and aid in the education of students and clinicians. With much to be gained, let occupational therapy and occupational science hasten to actualize the benefits of their collaboration.
~ Becky Sittler, Occupational Therapy Student, Dalhousie University

Armed with the knowledge that occupational science emerged in the 21st century and occupational therapy had its dawn in the 20th century, occupational therapists want to know why we need a basic science to support an already established profession. This query has surfaced amongst the ranks of occupational scientists and occupational therapists over the last couple decades.

Not many of us jump into a river without first asking how deep it is or finding out what hazards, such as rocks, might lay at the bottom. Why then do occupational therapists think we can enable occupation with our clients without actually checking the depth and looking out for rocks before jumping in with both feet? Should we not know the meaning of human occupation or understand its influence on people before we apply our theories to promote well-being and health through occupational enablement? Is it not better to understand and grasp the complexities of something so central to the existence of occupational therapy, something that will affect someone's life - physically, mentally and emotionally - before swimming downstream?

This is what occupational science does. It tests the water, observes its depths, its tides and its hazards. Without its research where would our swimmers be? Swept upstream without a life jacket? Occupational science research generates the knowledge concerning the wealthy array of human occupations and the multiple factors that impact on these occupations in day-to-day life. By studying occupation in depth we can increase our knowledge base. In return, that occupational knowledge can be applied to the enabling strategies we use with our clients just as a swimmer would test the waters to ensure his or her safety before taking the plunge. For example, by studying the meaning of the occupation of play for a child living with cerebral palsy and the impact that the loss of this occupation would have on this child, we can determine the centrality of play to this child's life. These findings would allow us to understand how participating in this occupation may enhance the child's quality of life and well-being and therefore support the use of therapeutic interventions focusing on enabling this child to play.

For many years occupational therapy has been using knowledge and information from other professions as a basis for its practice, thereby diffusing its identity. This had lead to the exclusion of occupation from occupational therapy removing its core belief - enabling occupation - from the profession. If we forget this core belief and do not include it in our practice, what good are we doing for our clients? Occupational science can eliminate this problem. Occupational science is a multidisciplinary basic science that can provide a breadth of occupational knowledge that will open up new horizons for occupational therapy research and practice and help keep occupational therapists focused on the core beliefs that guide the profession.

Occupational science can help to answer questions that, in return, will guide therapeutic intervention to aid in enhancing client's health and well-being through enabling occupation. These questions span across all populations, for example: What are my occupational needs? What is the meaning of occupation to me? How have my environmental supports shaped these needs? How can I establish occupational balance and what is preventing me from this balance? How is occupational loss affecting me?

By joining together and using the resources within occupational science and occupational therapy, control can be gathered and a strong identity can emerge. If the profession of occupational therapy grabs hold of the discipline of occupational science, the discipline can guide the profession and maintain the core focus on enabling occupation, ensuring that these beliefs are not swept to the side. Just as a swimmer knows that there is no sense in trying to swim upstream, against the current, the best solution is to work with the river as it twists and turns around rocks and logs to make its way to the greater lakes.
~ Tatum Wilson, Occupational Therapy Student, University of Toronto

References

Canadian Association of Occupational Therapists. (1997). *Enabling occupation: An occupational therapy perspective*. Ottawa, ON: CAOT Publications ACE.

Whiteford, G. (1997). Occupational deprivation and incarceration. *Journal of Occupational Science, 4*, 126-130.

Yerxa, E. (1993). Occupational science: A new source of power for participants in occupational therapy. *Journal of Occupational Science, 1*, 3-9.

The Abstract Review Process for the CAOT Conference

Jacquie Ripat, Chair - Conference Scientific Program Committee

As Chair of the CAOT Conference Scientific Program Committee from 2005 to 2007, people often contact me for more information about the submission process. This article will help answer these questions by reviewing the abstract review process and the Conference Abstract Review Board.

Review Process

Have you ever wondered what happens to your abstract after you click the "submit" button? Gina Meacoe, Conference Manager at the CAOT national office, begins the multi-step review process by assigning a number for your abstract, ensuring that the submission form is complete and that the format of the abstract follows the guidelines. Gina then matches the self-selected focus and topic of each abstract with three reviewers from the Abstract Review Board. Each of these reviewers indicated a level of knowledge and expertise in those topics.

Each reviewer is sent the abstract reviewer rating form and a copy of the abstract with all the identifying information removed. Reviewed abstracts are sent back to Gina, who then forwards all of the submissions and reviewer forms to the Chair of the Conference Scientific Program Committee. The Chair and the Conference Scientific Program Committee reviews each of the submitted abstracts and the three reviewer forms. Each abstract is assigned a rating of either accepted, waitlisted, or not accepted. A more detailed discussion of acceptance rates can be found in the July/August 2005 OT Now article "Consider submitting an abstract to the 2006 CAOT Conference" available on the CAOT website at http://www.caot.ca/default.asp?pageid =1342

The goal of the Conference Scientific Program Committee is to develop a program for the conference that is balanced for topics and areas of practice relevant to occupational therapy. To achieve this goal, there is often considerable animated discussion amongst the committee members. Although the average score is a very important consideration, the committee also takes a broad view of all the submitted abstracts and sometimes needs to make a difficult choice whether or not to accept a relatively highly rated abstract. For information purposes, the mean score of the accepted 2006 conference presentations was 39.8/45 (standard deviation of 2.1).

The next stage of the process is for the committee to assign a timeslot to each of the accepted abstracts. The committee aims to achieve a wide variety of topic areas across each timeslot and to group topics with an anticipated similar audience.

Abstract Review Board

In 2005, a Conference Abstract Review Board was developed to create a smaller pool of reviewers and ultimately to increase the consistency of reviews. For Conference 2006, board members were asked to review a maximum of 24 abstracts each. The call for volunteers resulted in a 76 member board.

Following the 2006 conference abstract review, we administered an on-line survey of the Conference Abstract Review Board members to receive their feedback on this new process. We received 39 responses to our survey. Seventy-nine percent of the reviewers agreed/strongly agreed that the number of abstracts they were asked to review was reasonable, while 87% agreed/strongly agreed that reviewing a large number of abstracts provided a better perspective on the variations of submission quality. Further, 89% felt that the evaluation criteria on the review form allowed them to fairly score the abstracts. Open-ended comments provided valuable suggestions for minor changes to the evaluation criteria for Conference 2007.

Abstract reviewers provide an important contribution to the conference planning process. We would like to invite CAOT members to apply to the Conference Scientific Program Committee Abstract Review Board for a 2-year, renewable term. The Committee Terms of Reference and Guidelines for Conducting an Abstract Review are available on-line at www.caot.ca

The deadline is October 1, 2006 to submit your abstract for the 2007 CAOT conference. You can obtain further information at www.caot.ca.

Canadian Occupational Therapy Foundation

To fund scholarship and research

Upcoming Competitions

August 31, 2006
OSOT Research Education Award

September 30, 2006
COTF Scholarship Grants: Master's, Doctoral, Thelma Cardwell,Goldwin Howland and SickKids Foundation's Children and Youth Home Care Network Master's Scholarship
For details and application forms, see the grants section at www.cotfcanada.org.

New for 2006

You can now read the 2005 COTF Annual Report on the COTF website.

Partnership with SickKids Foundation's Children and Youth Home Care Network
COTF has entered into a partnership with the SickKids Foundation's Children and Youth Home Care Network (CYHN). This partnership will support the Occupational Therapy Master's Proposals and COTF's Master's Scholarships. Beginning with the COTF September 30 Master's Scholarship competition, CYHN will take part with COTF by contributing $2,500 to any Master's student who is rated as fundable and working in an area relevant to home and community care for children and youth. The CHYN Steering Committee will determine a candidate's eligibility for co-funding. The annual CYHN competition closing date is February 28. Any occupational therapy related applications received by CYHN will be reviewed to determine if they are fundable before submitting them to COTF for co-funding. This competition will be for 2007 and 2008.

2006 Karen Goldenberg Volunteer Award

Tamra Ellis presents the Karen Goldenberg Volunteer Award to Isobel Robinson

Isobel Robinson is the recipient of the Karen Goldenberg Volunteer Award. This award rewards and encourages exceptional voluntary contribution for the work of the COTF and/or the CAOT. Congratulations to Isobel Robinson who is a most deserving recipient!

Remember to Update Your Contact Information
COTF would greatly appreciate it if you would inform Sandra Wittenberg of any changes to your COTF contact information. Sandra can be reached at swittenberg@cotfcanada.org or 1-800-434-2268 x226.

Your Support Counts!

COTF sincerely thanks the following individuals, companies and organizations for their generous financial support during the period of March 1 to April 30, 2006. COTF will acknowledge donations received after April 30, 2006 in a future issue.

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CAOT Endorsed Courses

CONFERENCES

October 4, 5 & 6, 2006
The Canadian Seating and Mobility Conference: CSMC+... Access to the World
Toronto Congress Centre,
650 Dixon Road, Toronto, ON.
Tel: (416) 519-0272. E-mail: csmc@rogers.com or www.csmc.ca

WEB-BASED DISTANCE EDUCATION

Post Graduate Certificate Program in Rehabilitation Sciences (University of British Columbia and McMaster University)
September to December, 2006 & January to April, 2007
Website: http://www.mrsc.ubc.ca
Contact: Tel: 604-822-7050. E-mail: online.support@ubc.ca

DALHOUSIE SERIES

September - December 2006

Advanced Studies on Enabling Occupation (OCCU5010)
Instructor: Robin Stadnyk

Community Development for Occupational Therapists (OCCU 5042)
Instructor: Dr. Loretta do Rozario

Evidence-based Practice (OCCU5041)
Instructor: Dr. Joan Versnel

Identity and Transitions (OCCU5040)
Instructor: Dr. Raewyn Bassett

January - April 2007

Program Evaluation for Occupational Therapists (OCCU5043)
Instructor: Dr. Reg Urbanowski

Advanced Research Theory and Methods for Occupational Therapists (OCCU5030)
Instructor: TBA

May - June, 2007

Identity and Transitions (OCCU5040)
Instructors: TBA

Contact: Pauline Fitzgerald, School of Occupational Therapy, Dalhousie University, 5869 University Avenue, Forrest Bldg, Room 215, Halifax, NS, B3H 3J5.
Tel: (902) 494-6351.
E-mail: p.fitzgerald@dal.ca

NIDMAR COURSES 2006

Effective Disability Management Programs (Module A)

Dates: On-line September 12 - 18 & October 3 - 9, 2006

Insurance and Other Benefits (Module L)

Dates: On-line September 12 - 18, 2006
Provider: National Institute of Disability Management and Research (NIDMAR). Modules will be offered on an on-going basis, on-line and in classrooms.

Contact: Heather Persons, NIDMAR, 830 Shamrock Street, Suite 202, Victoria, BC, V8X 2V1.
Tel: 604-736-2578.
Fax: 604-733-2519.
E-mail: Heather.Persons@nidmar.ca or visit www.nidmar.ca/education/education_online/online_enroll.asp

CANADIAN HEALTHCARE ASSOCIATION

Risk Management and Safety in Health Services
Date: September, 2006

Continuous Quality Improvement for Health Services
Date: September, 2006

Modern Management Correspondence Course
Date: September, 2006 – April, 2007

Contact: Cheryl Teeter, Director of Learning, Canadian Healthcare Association. Tel: (613) 241-8005 Ext. 228. E-mail: www.cha.ca

Myofascial Release Seminars
Myofascial Release I, Myofascial Release II, Fascial-Pelvis Myofascial Release, Cervical-Thoracic Myofascial Release, Myofascial Unwinding, Myofascial Mobilization, Paediatric Myofascial Release
Myofascial Release I
Vancouver, BC

Date: September 8, 9 & 10, 2006

Myofascial Release I
Troy, MI (Detroit Area)

Speaker: John F. Barnes, PT

Date: July 7, 8 & 9, 2006

Myofascial Mobilization
Burlington, ON
Speaker: Rick Hoff
Date: September 30 & October 1, 2006

Contact: Sandra C. Levengood, Myofascial Release Seminars, 222 West Lancaster Avenue, Paoli, PA 19301
Tel: 1-(800) FASCIAL (327-2425).
Fax: (610) 644-1662. E-mail: paoli@myofascialrelease.com
Website: www.myofascialrelease.com

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Dates: Wednesday 4pm PST , weekly calls starting September 13, 2006 or Tuesday Morning 8am PST, weekly calls starting September 12, 2006

Contact: Hilary Drummond
1-888-880-3222.
E-mail: hilary@lecoach.net
website - www.lecoach.net

For more information about CAOT endorsement, e-mail education@caot.ca or Tel. (800) 434-2268, ext. 231

CanChild
Centre for Childhood Disability Research

Check out the CanChild Centre for Childhood Disability Research Intranet

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- members can communicate with one another and access information relevant to research and clinical practice

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- stay up-to-date by accessing the latest research findings (often available before publication) from CanChild and other Intranet members

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- go to the Intranet website: www.canchildintranet.ca
- find the login box (upper right corner)
- click on Become a Member Now
- submit your information and you will be approved within 24 hours

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- service providers and students with an interest in childhood disability

Please contact Chris Smillie (csmillie@bluewirecs.com) or Betty Yundt (yundtb@mcmaster.ca) with any questions.

CAOT Learning Services Web-based Workshop

Coming this fall!

The Canadian Association of Occupational Therapists (CAOT) is pleased to sponsor the following Web-based continuing education event:

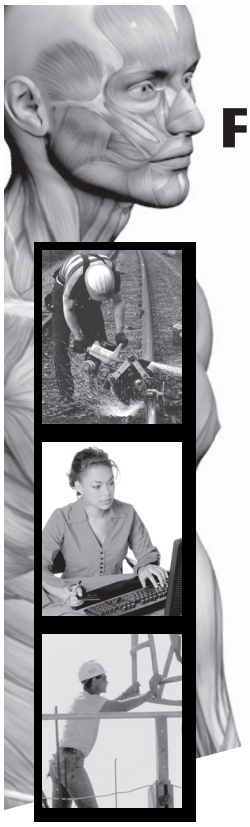
Are you self-employed or thinking about it? What health care professionals need to know.

This is a web-based workshop- a first in our series of 'Lunch and Learn' Self-Employment workshops.

CAOT · ACE

Speakers: Bradley Roulston, BA, CFP, CLU, RHU (Healthcare Financial Group) and Hilary Drummond, B.Sc OT, Certified Executive Coach and A.C.C. (Creative Therapy Consultants)

Watch for more details this summer!



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