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MANAGING EDITOR

Fern Swedlove, BScOT, Diploma in Communications
Tel./Fax. (204) 453-2835 (MB)
E-mail: otnow@caot.ca

TRANSLATION

De Shakespeare à Molière, Services de traduction

DESIGN & LAYOUT

JAR3communications

ON-LINE KEY WORD EDITOR

Kathleen Raum

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CAOT – CTTC Building
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E-mail: publications@caot.ca
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Lisa Sheehan
Canadian Association of
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CTTC Bldg., Suite 3400
1125 Colonel By Drive
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Letter to the editor

Congratulations on the article in the September/October Special Edition of Occupational Therapy Now on COTA (Changing Community-Based Services: COTA Comprehensive Rehabilitation and Mental Health Services, by Tanya Baglole). COTA is and was a truly remarkable organization. Ahead of its time at its inception in the nineteen seventies, it paved the way for occupational therapists all over Canada to shine in the community setting. Tanya Baglole did a wonderful job of writing an inspirational narrative of the history of COTA. There is a wonderful captioned photograph of the five founders, occupational therapists, all.

However, in the "Highlights of COTA History" sidebar, there was rather an odd lack of balance. Two individuals are mentioned by name at the changeover of executive directorship that occurred in 2000-01. I thought that having done that, it was an incredible oversight to neglect to mention the exceptional leadership of COTA's first executive director, Karen Goldenberg. Her positive energy and her encouragement of creativity produced a fertile ground in which many remarkable seeds of innovations sprouted and thrived. Her dynamic leadership was without doubt a huge factor in the unprecedented growth and early success of this important organization. It would be wonderful to feature a series giving credit to the talented occupational therapists that contributed to the amazingly rapid growth of this organization during its early years; and to do justice to the innovations that evolved during this fecund period.

Elaine McKee OT Reg. (Ont.)

Reply from the editor

Thank you for your letter to the editor regarding the profile of COTA that appeared in the September issue of *OT Now*. You raise a very important point about the omission of Karen Goldenberg as the first executive director of COTA and her valued contribution to the organization.

Canadian Working Group on HIV and Rehabilitation: Involvement and opportunities for occupational therapists

Deb Cameron, Todd Tran and Gillian Bone

This article, the first of a two part series, will focus on how and why occupational therapists have become involved in a variety of roles with the Canadian Working Group on HIV and Rehabilitation (CWGHR) and opportunities for future involvement. The second article will focus more specifically on what occupational therapists need to know about working with clients with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS). Watch for part two of the article in the March edition of OT Now!

Why HIV and rehabilitation?

Let's begin this discussion with a brief outline of why rehabilitation professionals (including occupational therapists) should be interested in exploring their roles with clients living with HIV/AIDS. To begin with, due to the use of antiretroviral medications, HIV is increasingly becoming a chronic illness in developed countries instead of a death sentence. Individuals may be experiencing the long-term health-related consequences of HIV and/or the potentially adverse effects of treatment. A recent survey documented a remarkably high prevalence of disablement among individuals living with HIV in British Columbia (Rusch et al., 2004). Despite the role rehabilitation professionals have to play in the care and treatment of persons living with HIV, only a minority of these professionals currently serve this population (Worthington et al., 2005). In response to this gap, there is a need for increased information and education for rehabilitation professionals on the role of rehabilitation in the context of HIV and a need for more collaborative practice among health care professionals to better meet the rehabilitation needs of people living with HIV.

CWGHR is a national, multi-sector, not-for-profit, working group formed in 1998. Its primary objective is to address rehabilitation issues in the context of HIV and is centred on the needs of people living with HIV. CWGHR develops rehabilitation programs and resources for people living with HIV and has demonstrated innovation and excellence in the field of episodic disabilities. It aims to generate awareness

of and access to rehabilitation services and addresses the needs and concerns of families, caregivers, communities and people living with HIV and related disabilities. CWGHR is currently engaged in three large scale projects related to HIV and rehabilitation.

1. Interprofessional Learning Project:

The purpose of this project is to increase the capacity of rehabilitation professionals to respond to the rehabilitation needs of people living with HIV/AIDS in Canada. The objectives of this project include the following: develop new and enhanced existing knowledge-based relationships; increase awareness of existing and new curriculum resources, educational initiatives, programs and tools; and increase knowledge and skills related to HIV among rehabilitation professionals.

Through this project, an interdisciplinary education curriculum has been developed and pilot tested in three Canadian cities. Some of the key learning that has occurred through this curriculum development is the importance of utilizing community-based partnerships to support and to facilitate persons living with HIV as co-faculty participants, the integration of principles of interprofessional and case-based learning and the need to address sensitive practice in the context of rehabilitation and HIV. Intervention strategies for HIV related rehabilitation have been further explored and ongoing evaluation has taken place throughout the initiative. Future initiatives will involve pursuit of curriculum accreditation, dissemination of curriculum resources and opportunities for integrating curriculum into existing health and social care educational programs.

2. Episodic Disabilities Project:

This innovative project has positioned HIV as an episodic disability and has brought together a number of groups interested in working together on issues of common concern. One such issue is labour force participation. The unpredictable nature of HIV and other episodic disabilities, such as multiple sclerosis, mental illness and cancer can present challenges to active labour force participation, stable

income and social inclusion as fluctuations occur in a person's ability to participate in the labour force. Disability workplace and income support policies and programs may be well designed for people who can no longer take part in the labour force but do not

meet the needs of those who participate episodically.

Based on key guiding questions developed by a multi-sectoral national advisory committee, an international policy analysis was conducted and model recommendations were developed. As part of this project, a national survey was conducted with Certified Human Resource Professionals (n=482) regarding knowledge level and need for training in the areas of episodic disabilities. An economic assessment of a more flexible hypothetical Canadian Pension Plan/Disability (CPP/D) benefit program to allow disabled people who resume work to retain a portion of their CPP/D benefits was carried out. Based on these findings, planning for pilot sites to implement the proposed model has commenced and will begin in 2007, dependent on the funding for pilot site activity.

3. Collaboration with the International Centre for Disability and Rehabilitation (ICDR) and the Cameroon Baptist Convention Health Board:

This project will develop programs integrating the areas of rehabilitation, disability and HIV with a focus on gender and stigma as they impact the lives

of people living with or vulnerable to HIV. Through collaboration with the ICDR at the University of Toronto and the health board in North West Province, Cameroon, West Africa, the collective expertise of the partners will be utilized to develop resources and knowledge through reciprocal education sessions.

These sessions aim to bridge traditionally separate worlds and build capacity in issues related to gender, disability, rehabilitation and HIV.

How is occupational therapy involved with CWGHR?

The varied activities of CWGHR have offered occupational therapists a number of ways to get involved in these exciting initiatives. The Canadian Association of Occupational Therapists (CAOT) representative, Todd Tran, participates as an organizational representative member of CWGHR. CWGHR membership is unique as it brings together rehabilitation professionals, people living with HIV/AIDS, and representatives of HIV/AIDS organizations, government agencies and human resource professionals. The CAOT representative attends CWGHR's annual meetings to collaborate, discuss and disseminate information with others from various disciplines and sectors. Todd also reports to CAOT and this increased awareness allows the association to respond to some of the emerging trends of rehabilitation for people living with HIV and AIDS. Through this collaborative effort, CAOT members will have increased awareness and insight in order to respond to the rehabilitation needs of people living with HIV/AIDS. This is done with support from CAOT staff members Darene Toal-Sullivan, Kathy van Benthem and CAOT executive director Claudia von Zweck who have assisted with transfer of knowledge, communication with members and letters of support for proposals.

In addition to the more formal CAOT representative, CWGHR will be developing its membership structure to create further opportunities for other occupational therapists to join the group and share their experiences and expertise. Occupational therapists working not only in the area of HIV/AIDS but also with other episodic disabilities may be interested in learning from and collaborating with CWGHR. Opportunities for students to become involved will also be explored. By gaining strength in numbers, occupational therapists can develop best practices and expand services to this emerging population living with HIV/AIDS.

The major initiatives undertaken by CWGHR have also offered opportunities for the involvement of occupational therapists. Deb Cameron has been the CAOT representative on the Interprofessional Learning Project. As part of the advisory committee to this project, she has had the opportunity to assist in the development of curriculum related to HIV and

About the authors –

DEB CAMERON is an assistant professor and international fieldwork coordinator in the Department of Occupational Science and Occupational Therapy at the University of Toronto. Deb is the CAOT representative on the Project Advisory Committee for the Interprofessional Learning in Rehabilitation in the Context of HIV Project. You can e-mail Deb at deb.cameron@utoronto.ca

TODD TRAN is an occupational therapist working at the New Women's College Hospital and in the community with COTA as a consultant at Casey House, which provides hospice and palliative care for clients with HIV and AIDS. Todd is the CAOT representative on CWGHR.

GILLIAN BONE is a physiotherapist and project coordinator of the Interprofessional Learning in Rehabilitation in the Context of HIV - Capacity Building Project, Canadian Working Group on HIV and Rehabilitation.

rehabilitation and serve as a co-faculty member for one of the interprofessional education sessions. Through this role, Deb has also had the opportunity to co-author a number of posters and presentations which have shared this project at occupational therapy, physical therapy and HIV professional national and international conferences.

The Cameroon/CWGHR/ICDR project has offered an opportunity for Lynn Cockburn, a faculty member at the University of Toronto and ICDR associate, to provide research and clinical expertise to this emerging project. Other rehabilitation professionals have the opportunity to work with CWGHR on research projects related to HIV and rehabilitation: Muriel Westmoreland (who was an occupational therapy faculty member at McMaster University when the project originated but is now retired from McMaster University) is on the Advisory Committee for the

Episodic Disabilities project; Sheila Thomas, an occupational therapist from St. Michael's HIV team, has been involved in several projects and committees and Carolyn Gruchy from Alberta was the representative for CAOT before Todd Tran. To find out more about CWGHR and the current projects and initiatives visit www.hivandrehab.ca

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Stable, Able and Strong Project: Meet our site coordinators

Stable, Able and Strong is a support program for older adults who have experienced a fall. The goal of the project is to enable older adults to maintain or resume engagement in meaningful activities at home and in the community. This post-fall support program will address the following areas:

- Fear of falling.
- Personal, environmental and activity-related risk factors for subsequent falls.
- Strategies to safely resume daily occupations.

Stable, Able and Strong uses a community development model to guide the program and will provide training for local older adult volunteers to become peer mentors. These mentors will work with community dwelling older adults who have fallen to help them to identify their fall risks and set goals to resume meaningful activities. The peer mentors will enable older adults to connect with existing medical, social service and community services that can help them meet their goals. If gaps in local services are identified, the local site coordinator and peer mentors can draw on a collection of resources to develop specific modules to meet clients' needs.

To date the national project team has been concentrating on the development of on-line and printed materials including a program manual, peer mentor training manual and database of fall prevention and post-fall resources. These tools build on existing Health Canada and non-governmental organization resources, as well as resources that were developed in a previous CAOT and University of Ottawa project, Tools for Living Well. The Tools for Living Well resources are available for download at www.otworks.ca. The new Stable, Able and Strong resources will also be available following testing and feedback from older adults which will be incorporated into the final version.

Stable, Able and Strong is excited to announce the implementation phase of the pilot projects. The projects began this past August in Calgary and Charlottetown and in September in the Ottawa-Gatineau area. We would like to introduce our three site coordinators:

Calgary: Margaret Usherwood



Margaret has a background in nursing and has recently been contracted for projects dealing with health promotion for seniors and seniors housing. She was the Calgary coordinator for the Tools for Living Well project and

brings over 10 years experience in home care and project management experience. Margaret is well networked within the Calgary business, medical and housing communities and is a member of several related boards and committees. She looks forward to working with the team and brings enthusiasm, as well as a keen interest to the project.

Ottawa-Gatineau: Una Choi



Una graduated from the occupational therapy program at the University of Ottawa in 1992. She has travelled extensively, working as an occupational therapist in several different countries. She now has a private practice clinic in Gatineau, Quebec and also practices in the Ottawa area. Una has a growing interest in community-based occupational therapy and its links with hospital-based practice as well as other community organizations. She hopes that this pilot project will highlight existing resources and create new and sustainable links within the community.

Charlottetown: Marie Brine



Marie graduated from the occupational therapy program at Dalhousie University in 1985. Throughout her career, she has taken an active interest in injury prevention, as well as linking individuals with their communities to improve well being.

She presently has her own private practice and has many connections throughout Charlottetown and Prince Edward Island. In 2003, Marie was the site coordinator for Prince Edward Island for the falls prevention project Tools for Living Well. She is excited to work with the Charlottetown community to build on previous gains achieved through the Tools for Living Well project.

For more information about the Stable, Able and Strong Project, please visit www.otworks.ca and watch for further updates in OT Now as our work progresses at the three pilot sites.

Stable, Able and Strong is a three year pilot project sponsored jointly by the Canadian Association of Occupational Therapists and the University of Ottawa, Occupational Therapy Program. The project is funded by the Population Health Fund, Health Canada from September 2005 to June 2008.

Plan to attend the CAOT Conference 2007 in St. John's, Newfoundland and Labrador

Tanya Baglole, CAOT Communications Coordinator

Insightful speakers, pertinent new publications and informative pre-conference workshops are what you will find when you join us in the stunning city of St. John's for Conference 2007 from July 11 to 14, 2007. Our theme this year is "Leading the way to healthy occupation".

Keynote speaker

As a leader of change and innovation, Sister Elizabeth Davis has created, guided and inspired many health care professionals. You will have an opportunity to hear this dynamic speaker in her keynote address for Conference 2007.

Sister Elizabeth Davis is not only grounded by her 20 years of experience working in health care, but also by her spirituality as a member of the Congregation of the Sisters of Mercy of Newfoundland and Labrador. She combines both of these elements in her work which has included serving as the executive director of St. Clare's Mercy Hospital and leading the creation of the Health Care Corporation - both in St. John's. This corporation is a regional health board combining eight teaching hospitals and health centres, a nursing school and a regional ambulance service.

As a doctoral student in Scripture at the Toronto School of Theology at the University of Toronto, Sister Elizabeth Davis continues on the path of lifelong learning while also sharing her knowledge through teaching at St. Augustine's Seminar. Her passion for reforming and transforming health care continues through ongoing leadership roles as chair of the Canadian Health Services Research Foundation, vice-president of the Medical Council of Canada, and board member of the Royal College of Physicians and Surgeons of Canada. Her outstanding contributions to Canadian society have been recognized by her recent award of an Order of Canada.

Enabling Occupation 2007

Join your colleagues for the launch of Canada's newest landmark publication of occupational therapy practice guidelines, a new companion book to *Enabling Occupation 1997/2002*. Since the publication of the 1997/2002 practice guidelines, enabling occupation has become a term used worldwide to describe occupation-based, client-centred enablement. Dr. Elizabeth



Photo courtesy of Newfoundland and Labrador Tourism

Townsend will lead a special plenary session at the conference to open dialogue and launch this publication. Comprised of views on enabling occupation from national contributors, this exciting new publication promises to be a truly Canadian book that will lead occupational therapy in the future.

Pre-conference workshops

Four instructive pre-conference workshops will be offered from July 9 to 11, 2007.

1. The ADL Profile is a three-day workshop for participants to become familiar with the evaluation tool, its theoretical basis and the application of the tool in clinical practice. Presenters are Carolina Bottari and Élisabeth Dutil.
2. Pressure management: A team approach is a workshop targeted for occupational therapists, physical therapists, nurses, dieticians and vendors who want to develop a team approach for the prevention and treatment of pressure ulcers. Presenter is Linda Norton.
3. A one-day private practice forum will be offered to focus on "hot topics" important to occupational therapists working in private practice. This forum will address best practices, ethics, fee setting, improving practice by learning from our mistakes and access for coverage through extended health insurance. Small group sessions will enable networking and the

application of new knowledge. Facilitators are Susan Swanson and Lorraine Mischuk.

4. A one-day workshop will be held on facilitating successful return to work with clients experiencing depression, anxiety or post-traumatic stress disorder. Participants of this interactive workshop will learn about and practice strategies to help facilitate successful return to work. Findings will be presented from a two-year qualitative research study. Participants will work collaboratively with presenters through several case examples to determine best practice for return to work concerns. Learning will also take place through the observation of videotaped interviews of actual clients dealing with issues related to return to work. Presenters are Jocelyn Cows and Edith Galloway.

Muriel Driver Memorial Lectureship Award

Dr. Mary Egan is the Muriel Driver Memorial Lecturer

for 2007, winner of the most prestigious CAOT award. In the 24 years of her occupational therapy career, Dr. Egan has made and continues to make a substantial contribution to occupational therapy research, education and teaching. Dr. Egan is well-known for her work incorporating spirituality and occupational therapy. She has also made significant contributions to rational care through her research on evidence-based occupational therapy. Her work has led to methods for considering empirical and qualitative research evidence throughout the occupational therapy process.

Conference 2007 promises to be an experience that leaves you enriched by knowledge and revitalized through participation and networking at both professional and social events. We hope you will join us in "Leading the way to healthy occupation" in St. John's, Newfoundland and Labrador this summer.

Information Gateway: Where CAOT members go to find the evidence they need

Kathy Van Benthem, CAOT Professional Education Manager

Located on CAOT's web site in the members' only section, you will find the Information Gateway offering practical resources for your evidence-based practice (EBP). Since evidence by nature evolves, the Information Gateway is updated regularly to ensure CAOT members have access to the latest and most pertinent EBP resources. These resources include access to databases and networks exclusive to CAOT members, as well as information available in the public domain.

The Information Gateway home page provides quick links to basic information you will need to get started, such as an article on why we use evidence in practice and the Joint Position Statement on Evidence-based Occupational Therapy (Canadian Association of Occupational Therapists [CAOT], Association of Canadian Occupational Therapy University Programs [ACOTUP], Association of Canadian Occupational Therapy Regulatory Organizations [ACOTRO] and Presidents' Advisory Committee [PAC], 1999), a great resource when implementing an EBP, Best Practice or Journal Club at work. You will also find information on how CAOT is creating an EBP culture by funding projects and providing workshops for members



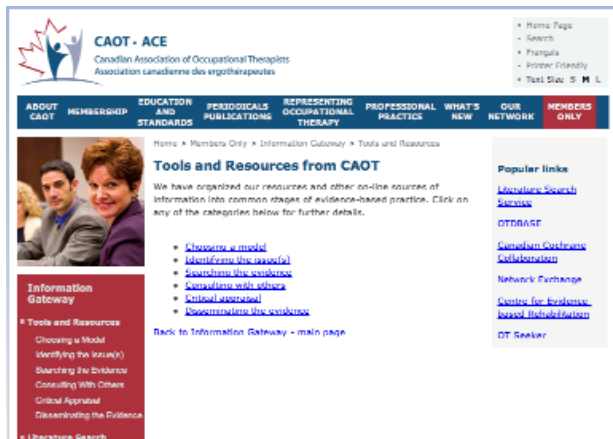
across Canada.

In order to become familiar with many of the Information Gateway's resources, let's walk through a search vignette together.

Occupational therapist Leslie has been asked to provide her practice leader with evidence to evaluate the impact of an energy conservation program for their rehabilitation department's expanding multiple

sclerosis therapy service. Leslie has three hours of research time and begins her search with the CAOT Information Gateway.

Step one:



The Information Gateway is accessed quickly from the www.caot.ca home page in the Members’ Only Area. Begin a search by selecting the **Tools and Resources** link to access numerous databases, including collections of journals and articles (some with full-text options, and networking opportunities). The links in the **Tools and Resources** are arranged in the order of the steps integral to pursuing evidence-based practice (Craik & Rappolt, 2003). The steps described by Craik and Rappolt (2003) include choosing a model for research utilization, identifying the issues (including the development of an EBP question), searching the evidence, consulting with others, critical appraisal and disseminating the evidence.

Step two:



In this case, Leslie does not need to review **Choosing a Model**; however, she must define her EBP question, so she proceeds to the **Identifying the Issue(s)** link. By assessing the resources from the recently launched **OT Evidence link**, Leslie discovers that to search most efficiently, she should include details of the client, health issue, intervention and outcomes in her search parameters.

Leslie decides to use the following EBP question: “Are there occupational performance benefits with the participation in an energy conservation program for individuals with multiple sclerosis?” This question takes into account the majority of their clients and important intended outcomes of the intervention.

Step three:

Leslie proceeds directly to **Searching the Evidence** as she knows there are many databases located here that may answer her EBP question. She has also learned that systematic reviews can provide strong evidence, so she scrolls to the bottom of the page and begins her search with OT Seeker and the Cochrane Collection. Leslie finds one relevant systematic review with links to the abstracts (Steultjens et al., 2006). To find more specific articles, she clicks on OTDBASE, which is accessed for free by CAOT members. The OTDBASE is a database of numerous occupational therapy journals from around the world. As a CAOT member, Leslie can immediately access, at no charge, all available *CJOT* and *OT Now* articles online that the OTDBASE search finds. By typing in a few key words of her search question, Leslie finds a reference to a relevant article with the abstract provided.

CAOT’s OT Education Finder is another way that *CJOT* and *OT Now* articles can be located. Available to all visitors of CAOT’s web site as well as through the Information Gateway, the OT Education Finder can also be used to find and post educational resources. Leslie can find the full text articles of several other citations she discovers by visiting her hospital or local health sciences library or by using the CAOT Literature Search Service.

More evidence may be found by connecting with other CAOT members across Canada. This may seem daunting, like finding a needle in a haystack, but with the CAOT Network Exchange, the task is made simple. To do this, Leslie returns to the **Tools and Resources** page and clicks on the **Consulting with Others** link. This page will connect you to the CAOT Network Exchange. Leslie uses easy search parameters to contact other CAOT members working with similar clients

in similar practice settings. She selects a few names and e-mails and then puts out a request for evidence on her topic. This may provide her with resources and evidence found by others on similar searches.

Before submitting her stack of evidence to her practice leader, Leslie critiques the evidence with resources from the **Critical Appraisal** link. She chooses the McMaster Centre for Evidence-based Rehabilitation Review Guidelines for quantitative research (Law et al., 1988) to assure herself that the resources she found will stand up under scrutiny.

Step four:

A few days later, Leslie has completed the research and provides her practice leader with numerous evidence-based resources that answer her original question. One of the studies is particularly useful and seems to contain new and valuable evidence. As the last step in the process, Leslie suggests to her practice leader that the occupational therapists in their service collaborate at the next few Journal Club lunches to develop a Critically Appraised Paper (CAP) on this study for submission to the CAP's editor of OT Now (See page 17 of this issue for an example of a CAP on the effectiveness and efficacy of an energy conservation course for people with multiple sclerosis).

Disseminating the Evidence is the last step on the Information Gateway **Tools and Resources** page. This crucial step of knowledge exchange is central to the goal of the Information Gateway: enabling our members in their pursuit of an evidence-based practice.

CAOT is pleased to offer many EBP resources on the Information Gateway that are current and relevant to your practice. By using the resources and sharing your results with other occupational therapists, we all support an EBP culture, which benefits our profession and our clients. As a member of CAOT you have free access to:

- OTDBASE
- CAOT Network Exchange
- CAOT Resource Sheets
- CAOT Online Toolkits
- Critically Appraised Papers
- CAOT Hot Topics
- Full-text of available OT Now and CJOT articles.

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CAOT's executive director, Dr. Claudia von Zweck, attained her PhD in Rehabilitation Science from Queen's University in October 2006. Ottawa area CAOT members, stakeholders and staff celebrated her graduation at the National Office in Ottawa during a breakfast gathering.



(L to R): Adeena Wisenthal, Sharon Fotheringham, Donna Campbell, Paulette Guitard, Claudia von Zweck, Danielle Massicotte and Jean-Pascal Beaudoin.



Column Editors: Helene J. Polatajko and Jane A. Davis

Re-capturing an important piece of self through leisure occupations

Susan Yee

In a society in which our identity is often tied to what we do, the pursuit of meaningful leisure occupations can be very important in establishing a sense of self. Individuals living with a serious and persistent mental illness feel that their illness encompasses their life and identity. They start questioning their ability to do many of their past occupations including productive work and schooling. Re-engaging in past occupations or discovering new occupations can provide the person with a sense of identity, purpose, pleasure, accomplishment and mastery, as well as feelings of normalcy. All occupations, including leisure, provide

“...enabling our clients to choose leisure occupations that are significant to their lives provides them with a sense of choice and control.”

structure to the day, something that is often missing in the everyday lives of individuals with mental illness. Leisure can be defined as occupations “which produce intrinsic rewards and provide the participant with life-enhancing meaning and sense of pleasure” (Reid, 1995, p. 14). The individual judges his or her life importance by the activity (Reid, 1995). Pursuing leisure is a safe venue for persons to re-engage in doing, to start down the road towards recovery.

Taking the time to listen to our clients’ occupational stories in an era of time constraints and waitlists within an overtaxed health care system is a challenge for occupational therapists. However, enabling our clients to choose leisure occupations that are significant to their lives provides them with a sense of choice and control. We need to ensure that we do not impose our preconceived ideas onto our clients’ occupational goals. The goal of this article is to show how listening to our clients’ occupational stories and enabling them to pursue their desired occupations can significantly affect many aspects of their lives.

Daphne*, in her 60s, a gardener

Daphne is a creative individual who has a passion for home décor and gardening and does arts and crafts. After her husband died 2 years ago, she decided to remain in her rural home, alone, as she was not quite ready to move into a retirement residence. Daphne

has a mood disorder, as well as arthritis, the latter having limited her physical activities, especially her ability to garden. She has always taken pride in her green thumb, however, while dealing with her illness over the past couple of years she has neglected her garden, which has become a refuge for weeds. When I met Daphne she voiced a great desire to restore her garden to its former glory. Our initial discussion focused on how Daphne could be an active gardener but in a different way than she had been before. She resigned herself to the fact that she was not as physically fit as she once was and determined that she would be able to enjoy her gardening more if she enlisted help. We discussed how she could still engage in gardening, but that some of her engagement would involve less physically demanding tasks such as planning, purchasing, delegating and planting planters.

Once Daphne had an image of how she could still garden, she quickly organized herself with landscaping designs, a new patio set, planters and weed-killing regime. She was in control of her gardening using others to help her with what she would like to accomplish. Daphne hired a neighbour to take care of her lawn and the heavy garden work. Her grandson visited her often, and he helped her transport the heavy gardening materials out of her car to the garden. I was delighted to see the beautifying progress with each successive visit and to see Daphne proudly sharing her accomplishment as we toured her garden. She recently purchased a beautiful decorative waterfall for her garden and already has plans for next year that involves restoring her back garden from weed haven to garden paradise. This occupational interdependence has allowed Daphne to re-engage in a meaningful occupation, providing her with a sense of control over her home and surroundings and restoring some of the identity she had lost.

CSOS  Canadian Society of Occupational Scientists

Edited by Polatajko and Davis, on behalf of CSOS.
Visit CSOS at www.dal.ca/~csos/index.htm

Ned*, in his late 20s, a hockey player

Ned lives in a small town with his parents. He currently has a part-time job as a store clerk and receives a disability pension. As a teenager, Ned was an active hockey player and played on the all-star team. He enjoyed the physical activity as well as the camaraderie of playing on a team. In his late teens Ned was diagnosed with schizophrenia, which increasingly kept him from playing hockey. For the first year after diagnosis, Ned did not leave his home, having his family take care of him. Later he played in a non-competitive hockey league for a while until his uncle was no longer able to accompany him to the games. He did not always have access to a vehicle and felt uncomfortable driving at night. Now, he avoids new situations as he finds them very stressful. When I met Ned, he told me that he wanted to get back into playing hockey again, as he missed the game. To become reconditioned, Ned and I began to ice skate at the new local arena. Some days there were few people present, so he was able to do some of the hockey drills he did as a teenager. He zipped around the rink, skating in short spurts with quick stopping. He enjoyed the feeling of skating and doing familiar movements.

A male occupational therapy student on a field-work placement at the community agency provided Ned with the support he needed to get him back into playing hockey at the local arena. Ned was delighted with the prospect of playing hockey once again and waited anxiously for the student to begin his field-work placement. Although he did not know the student prior to re-engaging in hockey, Ned felt more comfortable having someone accompany him to the weekly 8 a.m. pick-up games. Ned also felt comfortable interacting with the male student, who was close to his own age, and was able to speak with him about many different topics. Engagement in hockey provided structure to Ned's morning. Before he didn't wake up until late morning but while he was playing hockey he regularly was up early, ready to play hockey. More importantly, playing hockey provided Ned with a sense that recovery is possible and has led him to think more about his future and reconsidering forgotten dreams. Ned chose not to continue with hockey after the student left, however he has mentioned that he would like to start again this fall.

About the author –

SUSAN YEE is an occupational therapist working in the area of mental health in Ontario. She can be reached at susan@lacmhs.ca

James* and Marshall*, in their 40s, the creative writers

The community agency where I work began a weekly arts and crafts group to meet the leisure needs of our clients. We hoped this group would provide a supportive environment for group members to re-engage in old, or to learn new, creative occupations, including

“This recovery involves the restructuring of the occupational lives of individuals living with mental illness...”

artwork, crafts and creative writing. Over time, the group members decided to focus predominantly on creative writing occupations, such as writing short stories and poems, and encouraged each other to submit their prose, poetry and short stories to magazines and to critique each other's work. After a few months they decided that they wanted to be editors of an anthology of poetry, prose, short stories and artwork on the theme of recovery. The changes in the group members, especially James and Marshall, were tremendous.

James had always had a passion for horror and science fiction movies and books. For a long time he had the plot planned out and characters developed for a sci-fi short story but his quest for perfection had prevented him from finalizing the story and printing it out for others to read. James enrolled in an English class through the local school board, which helped him with his story's content development. The safe and creative nature of the group and its expectation to create a written product enabled James to complete the short story he had been formulating in his head for years.

Marshall grew up in a cloistered community and discovered his gift of writing poetry when he moved to town several years ago. He enjoys rhyming in his poetry. Some of his poems are whimsical and funny while others are reflective and introspective; he has submitted a few to a magazine for publication.

James and Marshall became the editors of the anthology, with support from Meredith, a social service worker, and myself. With James and Marshall as editors, the group sought submissions for the anthology from other clients of the agency and decided the criteria for acceptance. The anthology was launched during Mental Health Week with an open house at the Peer Support Office. The writers of the anthology read excerpts of their writing during the open house with James and another member being the masters of ceremony. James and Marshall were able to facilitate

their own and other clients' creative occupations, enabling them to develop their talents and to share their experiences of recovery. Through this creative group, James and Marshall developed a sense of accomplishment and purpose. Being the editors of the anthology provided them with a sense of control, and they were enabled to achieve mastery through its publication.

These real life stories demonstrate how engaging in leisure occupations can offer individuals living with a serious and persistent mental illness a sense of control, especially when they feel that their illness and clinicians drive their lives. Recovery involves remembering who you were and re-engaging in past significant occupations, which although done differently, are still significant and achievable. For Daphne, Ned, James and Marshall their leisure occupations provided structure to their lives, and gave them a sense of purpose. They increased their social networks and

were able to show their skills and their talents. Living with a mental illness requires great occupational adaptation; occupational therapists can play a key role in enabling that adaptation, in vanquishing the belief that all aspirations vanish because of mental illness, and in demonstrating that recovery is possible. This recovery involves the restructuring of the occupational lives of individuals living with mental illness, to enable them to engage in important and significant occupations including leisure. In a good environment, our occupational accomplishments are limitless.

** The names and information were changed to ensure confidentiality.*

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February 1 deadline approaching for nominations

Awards - CAOT invites members to nominate worthy colleagues for the following awards:

- Muriel Driver Memorial Lectureship Award
- Fellowship Award
- CAOT Life and Honorary Membership
- Dr. Helen P. LeVesconte Award for Volunteerism in the Canadian Association of Occupational Therapists
- CAOT Award for Innovative Practice
- CAOT Award for Leadership in Occupational Therapy
- CAOT Award of Merit
- Citation Award

Board of Directors - CAOT is seeking occupational therapists to provide national representation and leadership in professional issues to Canadian occupational therapists. Opportunities are available for the following positions:

- President Elect
- Secretary/Treasurer
- Directors to the Board from British Columbia, Alberta, New Brunswick, Nova Scotia, Newfoundland/Labrador and Yukon/Northwest Territories/Nunavut.

The deadline for the call for nominations is February 1, 2007.

Visit www.caot.ca for details or contact:



CAOT National Office
CTTC Building, 3400-1125 Colonel By Drive
Ottawa, ON K1S 5R1
Tel.: (800) 434-2268, ext.228
Fax: (613) 523-2552
E-mail: nominations@caot.ca

Staff changes at the CAOT National Office



Tanya Baglole, CAOT Communications Coordinator



Dr. Marcia Finlayson became managing editor of the *Canadian Journal of Occupational Therapy* (CJOT) in May 2006. She brings much expertise to her role. Marcia is associate professor in the Department of Occupational Therapy, University of Illinois in Chicago. She received her Bachelor's degree in occupational therapy and her Master of Science and Doctorate in Community Health Sciences from the University of Manitoba in Winnipeg. Marcia has been a member of the CJOT Review Board since 1999 and previously worked with CAOT as a project coordinator for the Seniors' Health Promotion Project in Manitoba.



Fern Swedlove, the former CJOT editor, assumed the helm as managing editor of *Occupational Therapy Now* (OT Now) in April 2006. Fern brings many years of experience to the position of managing editor. After graduating as an occupational therapist in 1979 from McGill University in Montreal, she worked for 20 years as an occupational therapist before returning to school to earn a communications diploma at Red River College in Winnipeg. She became the editor of CJOT in August 2001 and is currently working on her Master's of Science in Rehabilitation degree at the University of Manitoba in Winnipeg.



Tanya Baglole became the CAOT communications coordinator in September 2005. She reported for the *Toronto Star* newspaper and Canadian Press, and has worked in communications for various organizations, including the Canadian Psychiatric Association and Canada's Research-Based Pharmaceutical Companies. Tanya earned a Bachelor of Applied Arts in Journalism from Ryerson Polytechnic University and also holds a Bachelor of Arts, with a major in English, from the University of Manitoba.



Linda Charney joined CAOT as a permanent staff member in October 2006 as publications assistant. She has over 20 years experience in client relations, including working for the Heart and Stroke Foundation of Ontario.



Lisa Barthelette joined CAOT as finance manager in October 2006. She previously worked in the property management industry as well as for a not-for-profit charitable organization. She earned a Bachelor of Commerce degree from Carleton University and attained her certified general accountant designation in 2002.



Jenny Turner began a permanent staff position at CAOT as business administrator in October 2006. She has worked in finance for the past six years.

Highlights from CAOT meetings in Regina during November 2006

Tanya Baglole, CAOT Communications Coordinator

Meetings with the University of Saskatchewan and provincial government

Representatives of the Canadian Association of Occupational Therapists (CAOT) and the Saskatchewan Society of Occupational Therapists (SSOT) met in Regina with officials from the University of Saskatchewan and the provincial government in late November to promote access to occupational therapy services in the western province. Meetings were held with the University Provost, Dean of Medicine and Associate Dean of the Interdisciplinary Team Program on November 22, 2006 and the Saskatchewan Minister of Health and the Minister of Advanced Education and Employment on the following day. Following the meetings, both university and government officials said they were committed to working collaboratively with CAOT and SSOT to address access issues to benefit the Saskatchewan population.

CAOT board of directors meeting

The CAOT board of directors gathered for a two-day meeting, which began November 24, 2006 in Saskatchewan's capital city. The board meeting was preceded by a board orientation and evaluation.

Highlights of the board meeting included:

- Funding approval to provide an educational session for the Canadian Framework for Ethical Occupational Therapy Practice.
- Funding approval to develop a support personnel competency profile.
- Working with the physiotherapy profession to develop accreditation guidelines for occupational therapy support personnel education.

A number of policy changes were approved to help implement the strategic plan of the *Canadian Journal of Occupational Therapy* (CJOT). Policies for CJOT were approved on the following topics: key words, review board, editorial statement, ad hoc reviewers, ethical statement, review process, disposition of submitted manuscripts, copyediting and appeals of CJOT manuscript disposition decisions.

In addition, a one-time funding approval was provided to increase the number of pages for the 2007 volume year. This initiative is in response to member concerns regarding the wait time for publi-

cation in CJOT. Funding was also approved for a CJOT special issue of the International Classification of Functioning, Disability and Health.

Other business

- CAOT will be striking a sub-committee to review CAOT Bylaws.
- Minor revisions were made to strategic priorities for 2007-2008.
- Revised position statements were approved on the following topics: Health and Literacy, as well as Primary Health Care.
- Bachelor of Science in Occupational Therapy at Université Laval was granted a 7-year accreditation award from April 2006-2013.

Budget and finances

The board reviewed the unaudited financial statements for the 2005-2006 membership year and was pleased to note a significant excess surplus in funds, resulting from higher than anticipated attendance at Conference 2006 and participation in externally funded grants. The favorable position of CAOT allowed the board to fund the following new initiatives:

- One-time funding for Certification Examination Item Generation Board for train-the-trainer sessions to lead item generation workshops.
- A one-time donation to WFOT.
- Funding to host an interprofessional meeting on the topic of Collaboration Client-Centred Care in Feeding, Eating and Swallowing as well as Professional Issue Forums at Conference 2008 on Access to Occupational Therapy Services and Driving and Occupational Therapy: Changing Practice.
- Funding to implement initiatives mentioned above including the review and revision of CAOT By-Laws, increased publishing capacity for the CJOT in 2007 with additional pages and a special issue.
- Funding for the Canadian Framework for Ethical Occupational Therapy Practice education session and the Support Personnel Competency Framework.

The board also reviewed the first draft of the 2007-2008 operating budget. They allocated excess surplus funds to balance a projected operating deficit. This was undertaken to minimize a need for a membership fee increase.

Workforce Integration Project: Final recommendations

Claudia von Zweck, CAOT Executive Director

The Workforce Integration Project was an initiative to identify issues that enable or hinder international graduates to integrate into the Canadian occupational therapy workforce. The project was prompted by the recognition that a significant number of individuals educated as occupational therapists in other countries experience difficulties with workforce integration at a time when many parts of Canada are faced with an under-supply of occupational therapists. Funded by the Government of Canada Foreign Credential Recognition Program, the project has been led by the CAOT since May 2005 and concluded in November 2006.

Based on the findings of the project, the following recommendations were developed in consultation with relevant stakeholders:

- 1. Coordinate and centralize professional registration requirements and processes.** Many Canadian organizations are involved in assessing competency for practice. Coordinating and centralizing requirements and processes is necessary to make it easier and more efficient to register as an occupational therapist in Canada.
- 2. Improve the national certification examination access, preparation resources and assistance with the exam.** A plain-language version of the certification examination is scheduled to be introduced by CAOT in 2007. CAOT also explored the development of a computer-based certification examination and is considering the development of online resources for international graduates.
- 3. Provide clear and accessible information to help international graduates to work in Canada.** International graduates requested a centralized source of information about the stages required to immigrate and register for practice in Canada. Resources are also needed to assist international graduates to understand occupational therapy practice within the context of health and social systems in Canada. CAOT has added a new section to its web site for information and resources which will link to other organizations providing services to international graduates.
- 4. Increase opportunities for academic upgrading and language training to meet registration requirements.** University occupational therapy

programs have expressed interest to offer upgrading courses for international graduates. Existing programs in Quebec and Alberta can inform the development of such new programs.

- 5. Help international graduates connect with employers, occupational therapists and professional resources.** International graduates need better support and resources, such as mentoring programs, regional professional association meetings, online job listings, opportunities for job shadowing, volunteering or supervised practice and continuing education courses to successfully enter the Canadian occupational therapy workforce.
- 6. Advocate the need for internationally educated occupational therapists in Canada.** Advocacy is needed to inform government officials of the need to fast-track immigration applications of international occupational therapy graduates for regions of Canada experiencing shortages of occupational therapists.
- 7. Promote a diverse workforce for quality occupational therapy services.** Internationally educated occupational therapists play an important role in meeting rising demands for occupational therapy services in Canada. In addition, they offer innovation and diversity needed for a flexible workforce that can provide service to clients with differing social, cultural and language backgrounds. Unfortunately, the experiences reported in this project indicate that international graduates do not always feel welcome in Canada. The Workforce Integration Project report will be shared with organizations involved with internationally educated occupational therapists to encourage ongoing evaluation and improvement of practices and services for international graduates.

For more information on the Workforce Integration Project visit www.caot.ca or contact Claudia von Zweck, CAOT Executive Director, at (800) 523-2268, ext. 224 or cvonzweck@caot.ca

The report of the Workforce Integration Project will be available on the CAOT web site in early 2007.



Column Editor: Lori Letts

Energy conservation course was found to reduce the impact of fatigue, improve aspects of quality of life and increase self-efficacy in those who have multiple sclerosis.

Summary of Mathiowetz, V. G., Finlayson, M. L., Matuska, K. M., Chen, H. Y., & Luo, P. (2005). Randomized controlled trial of an energy conservation course for persons with multiple sclerosis. *Multiple Sclerosis*, 11, 592-601.

Prepared by Jane Cox, CAPs Advisory Group Member

Research objectives: To assess the effectiveness and efficacy of an energy conservation course on the impact of fatigue, quality of life, and self-efficacy for people with multiple sclerosis (MS).

Design: A randomized controlled trial (RCT) utilizing a cross-over design. Two groups were established by a random ordered sequence of assignment: one received the immediate intervention of the energy conservation course and the second (the delayed control group) had a 6-week period of no intervention prior to receiving the energy conservation course.

Setting: Groups of 7-10 participants were provided with the education in community settings by 12 certified occupational therapists.

Participants: Participants were recruited from mailing lists of two northern U.S. state chapters of the National MS Society between January 2002 and February 2003. Inclusion criteria included the following:

- diagnosis of multiple sclerosis;
- age of 18 years or older;
- functionally literate in English;
- Fatigue Severity Scale (FSS) score of 4 or greater;
- lived independently in the community; and
- agreed to attend at least 5 of 6 sessions on energy conservation.

Participants were excluded if they had moderate to severe cognitive impairment as assessed by the Neuropsychological Screening Battery for Multiple Sclerosis.

One hundred sixty nine people were randomized into two groups. Of the 78 people allocated to the immediate intervention group, 62 completed the intervention (at least 5 of 6 weeks of the intervention), 16 participants did not complete the intervention, and

no one was lost to follow-up. Of the 91 people allocated to the delayed group, 69 completed the intervention, 22 did not. One participant was lost to follow-up. There was a 23% attrition rate (those who did not receive the full intervention) which was a little more than what was expected.

Intervention: A standardized energy conservation course (Packer, Brink & Sauriol, 1995) was provided by 12 certified occupational therapists. The course was taught in 2 hour sessions each week for 6 weeks to address the importance of rest, communication, body mechanics, ergonomic principles, environmental and activity modifications, activity analysis, priority setting, changing standards and living a balanced life. Teaching methods included lectures, discussions, goal setting, practice activities and homework assignments. The immediate intervention group completed the energy conservation course during weeks 2 to 7 while the delayed control group completed the energy conservation course during weeks 8 to 13.

Outcome measures: The primary outcome measures were the Fatigue Impact Scale (FIS) and the SF-36 Health Survey (assesses perceived health-related quality of life). Each participant completed these at weeks 1, 7 and 13. Self-Efficacy for Performing Energy Conservation Strategies Assessment was used to assess self-efficacy of each participant before and after completing the energy conservation course. Measures were administered by research assistants without the course instructors present.

Main findings: At baseline, there were no significant differences in immediate and delayed intervention participants' characteristics or in the pattern of medications. Medication changes throughout the study were similar for the two groups. Data from the two groups post intervention were pooled without needing to adjust for differences between the groups. Three analytic approaches were used: Intention to Treat (ITT) Likelihood, ITT Last-Observation-Carried-Forward (LOCF) (number of participants [n] = 169), and Compliers (n = 131). The compliers were the participants who attended at least 5 of 6 EC sessions.

From the column editor – More on the analysis

Mathiowetz and his colleagues (2005) report both intention-to-treat and per-protocol analyses in this paper. A bit more information about both of these types of analyses may help readers to interpret the results.

Intention-to-treat analyses: In these analyses, all participants randomly allocated to either the control or intervention group are included in the comparison of outcomes. By including everyone who was allocated to the intervention group, intention-to-treat analyses take into account the variations in levels of adherence to the intervention. It is considered the gold standard approach to analysis when the focus is on effectiveness of an intervention.

In this article, there were missing data when participants in the intervention group did not attend all of the energy conservation sessions. To fill in the blanks, the researchers used two approaches. The first “last observation carried forward” means that they simply repeated data from the previous assessment. This is probably the most conservative approach because if people were improving in previous visits, this approach would make it appear that the performance leveled off. In the second approach they used, the “maximum likelihood method” in which data from previous points were used to calculate the slope and provide a best estimate of the next data point.

Per-protocol analyses: The analyses that the authors describe as “compliers only” are also often called per-protocol analyses. These analyses focus on those participants who received what might be considered a full dose of the intervention. It allows the researchers to focus on the efficacy of the intervention, since it focuses only on the participants who received the intervention as had been planned or intended. Results of per-protocol analyses tell us about the intervention when offered under ideal circumstances.

While it may seem a bit complex to interpret these results, knowing the intent of the analyses means that it is now possible to better understand the outcomes arising from the intervention that was offered.

For further information regarding the statistical terms in this CAPs, you can visit the following web sites:

1. From the Cochrane Glossary of Terms
<http://www.cochrane.org/resources/glossary.htm>
2. Wikipedia Encyclopedia
<http://en.wikipedia.org/wiki/P-value>
http://en.wikipedia.org/wiki/Effect_size

The ITT Likelihood and ITT LOCF are statistical methods used to address missing data (see sidebar for more description of the analyses).

Data analyses supported the hypothesis that participants reported a statistically significant reduction in fatigue impact and a statistically significant increase in quality of life after the energy conservation course compared to the delayed control. All three analyses found the primary outcome measures combined (FIS and SF-36) and analyzed separately to be statistically significant. The statistical significance of these data were maintained after adjusting for multiple tests with the $p < 0.01667$ for the FIS and $p < 0.00625$ for the SF-36.

Analyses of the three subscales of the FIS revealed that all the 3 subscales of the FIS were statistically significant for the ITT Likelihood analysis, whereas the physical and social (but not cognitive) subscales were significant for the ITT LOCF and compliers analyses. Effect sizes were moderate to large ($d = .69-.90$) for the physical and social subscales, and slightly lower for the cognitive subscale, ranging from 0.52-0.57.

For the analyses of the 8 SF-36 subscales, the vitality subscale was significant for all three analyses. The SF-36 Role Physical was found to be statistically significant in the ITT analyses. The SF-36 Mental Health subscale was found statistically significant in the ITT Likelihood analysis. Effect sizes ranged from small for some subscales (physical function, body pain, general health, social function and role emotional), more moderate for others (role physical and mental health) to large (0.99 – 1.14) for the vitality subscale.

A significant increase in participants’ perceived self-efficacy for performing the energy conservation strategies following the course as compared to before the course was supported by all three analyses ($p < 0.0001$). Effect sizes were large, ranging from 1.72 to 1.92.

Authors’ conclusions: The authors concluded that the study supports the efficacy and effectiveness of the energy conservation course to decrease the impact of fatigue, increase self-efficacy and increase some quality of life aspects for those with MS. The group and course format (including homework) were cited as effective methods of supporting participants’ learning, successes and problem solving.

Contact details of authors of appraised paper:
Vigil G. Mathiowetz, E-mail: mathio33@umn.edu

Commentary on Mathiowetz, V. G. et al. (2005). Randomized controlled trial of an energy conservation course for persons with multiple sclerosis

In a 2003 Cochrane Collaboration review by Esther Steultjens and colleagues, the authors identified the urgent need for additional, well-designed research in occupational therapy practice for persons with multiple sclerosis (MS). Mathiowetz and colleagues have provided a valuable contribution to the limited body of evidence relating to occupational therapy intervention with these clients, where the presence of fatigue is often a significant factor that contributes to disability and diminished quality of life (McAllister & Krupp, 2005). Energy conservation training is a common occupational therapy intervention but the term is non-specific and may refer to a wide range of

specific interventions. Limited research has been published to assist occupational therapists in determining if energy conservation intervention is helpful or what components may be beneficial in reducing the impact of fatigue. By evaluating a published protocol in a scientifically rigorous manner, Virgil Mathiowetz and his colleagues provide support for one specific energy conservation intervention offered to people with multiple sclerosis.

The current study builds on previously published studies that examined the effectiveness of a 6-week course designed by Packer, Brink and Sauriol (1995) to address the management of fatigue secondary to chronic illness (Mathiowetz, Matuska & Murphy, 2001; Vanage, Gilbertson & Mathiowetz 2003). By using a more rigorous methodology and a larger sample size, in this study Virgil Mathiowetz and his colleagues have addressed some of the

limitations of these previous studies and provide additional support for their initial promising results.

Methods issues:

This paper reports the results of a well designed RCT with an appropriate sample size. A placebo control group was not used; however participants were randomized into immediate and delayed treatment groups with the delayed group serving as a control.

The intervention in this study is a published protocol that involves group education, individual homework and opportunities for group problem solving and support (Packer, Brink & Sauriol, 1995). Group topics are presented in an appendix. Readers interested in more detail regarding this energy conservation course can access it in the original source. Overall, it appears that the study was well designed and undertaken but there are a few methodological issues in the study outlined below.

1. Generalizability

The study population may be considered to have certain characteristics that influence generalizability of the results to a larger population of people with multiple sclerosis. The participants were volunteers who were motivated enough to respond and commit to participate in a 6-week course. They were generally well-educated and cognitively high functioning. A large percentage of the participants were working full or part-time indicating a relatively high functional level. All participants were also recruited from large urban centres. The authors do acknowledge these points in the limitations section and suggest that further research should be completed with a broader population.

2. Categorization of functional levels

The method used to categorize the participants' functional level does not provide as clear a picture of the participants as some readers may want. Participants were assessed prior to enrollment in the study to categorize their functional levels. The authors state that participants were rated using the MS Functional Composite scale by completing the 25 foot walk test, Paced Auditory Serial Addition Test, and the 9 Hole Peg test. The MS Functional Composite is supported by the National MS Society's Clinical Outcomes Assessment Task Force (Fischer, Rudick, Cutter & Reingold, 1999) and is therefore a good assessment choice. However it is not clear whether the subtests identified were the only tests used to rate the functional level of participants. If so, this would seem to be a rather limited assessment of functional ability. Although limitations in the Expanded Disability

About the commentators -

JANE COX, MSc.,
CHT, OT Reg. (Ont.)
Occupational
Therapist, Plastic and
Reconstructive
Surgery, London
Health Sciences
Centre, E-mail: jane.
cox@lhsc.on.ca

LEANN MERLA, MSc.,
OT Reg. (Ont.)
Occupational Therapy
Clinical Specialist,
London Health
Sciences Centre,
E-mail: leann.jane
@sympatico.ca

BETTY DIETRICH,
BSc.OT, OT Reg. (Ont.)
Occupational
Therapist, MS Clinic
London Health
Sciences Centre,
E-mail: betty.dietrich
@lhsc.on.ca

Mailing address for
the commentators:
339 Windermere Road,
London, ON, N6A 5A5

Status Scale (EDSS) (Kurtzke, 1983) are recognized, it is the most common scale used with clients with MS (McMillan & Murphy, 2006). The addition of an EDSS rating may have assisted readers in identifying characteristics of the study population.

3. Information regarding medication

The authors reviewed medication use and changes throughout the intervention and state that there was no indication for concern that medications may have impacted on the results. However, limited information about specific medications is provided.

4. Outcome measures

The primary outcome measures (FIS and SF-36) are well-validated and reliable measures appropriate for the research question. The Self Efficacy for Performing Energy Conservation Strategies Assessment was developed and validated for this study. The use of strong evaluation tools is important since participants could not be blinded to the purpose of the energy conservation course or the study, and might be inclined to report positive results. Both the FIS and the SF-36 address the emotional impact of fatigue on the individual and indirectly assess the functional impact. However, it is unclear how the authors combined the scores from these two outcome measures in their analyses, and whether there is any precedent for combining or summing scores as they have done. While it is tempting to look at the data from the summary scores to make conclusions about the effectiveness of the interventions, the subscale scores may in fact be more meaningful. For example, it is interesting to note that the intervention had little effect on the Physical Function subscale score of the SF-36, while large effects were seen in the Vitality, Role Physical and Mental Health subscales. This suggests that the intervention helped people to manage roles without necessarily changing their physical function. The Self Efficacy measure addresses how well participants felt they could implement the strategies taught in the course.

While it may be assumed that an improvement in function might accompany improvements on these measures, this is not directly assessed. As occupational therapists, enabling client participation in individually relevant occupations is of primary importance and interest. In future research, it would be helpful to include a measure such as the Canadian Occupational Performance Measure (Law et al., 2005) that identifies change in both performance and satisfaction on an individual level.

5. Statistical analyses

The statistics used to analyse the data were appropriate. As a result of the extent of statistical analyses, including two types of intention-to-treat as well as the compliers analyses, this section of the article was difficult to follow. It might have been helpful for readers to be told more about the characteristics of the drop-out (non-compliers) group. While the researchers compare the ITT and compliers group, it is difficult to use that comparison to get a sense of the types of people who did not participate in the intervention that was designed. Discussion of characteristics of this group may be relevant in light of the previously discussed characteristics of the study population as a whole.

Application to practice:

The results of this study are encouraging and supportive of Mathiowetz' earlier work on the effectiveness of energy conservation interventions for people with MS. Statistically significant improvements were found on all measures, although not all of the subscales had statistically significant differences. These results indicate that participants identified a reduction in the impact of fatigue on their daily lives and an enhanced quality of life (especially the vitality, role physical, and mental health subscales of the SF-36) after completing the energy conservation course. They also indicated that they felt better able to apply strategies to manage their fatigue. While improved fatigue management, quality of life and self-efficacy may be sufficient clinical benefit, future studies could focus on whether participants identify improvements in their ability to carry out meaningful and important occupations. It would also be of interest to know whether these improvements were maintained over time. The authors do indicate that they will report follow-up data on their outcome measures in one year.

The use of a structured and consistent program to teach energy conservation principles to individuals with MS appears to be a worthwhile intervention. Further examination to identify those most likely to benefit from the intervention and longer term benefits is warranted. However, occupational therapists working with persons with MS are encouraged to consider the program developed by Packer and colleagues (1995).

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Discussion questions

- ***How broadly can the results of the research be applied to people with MS that occupational therapists typically see? How does the sample in this study compare to the population of people with MS typically seen by occupational therapists?***
- ***As noted by the commentators, occupational performance outcomes were not measured in this study. How then can the findings of reduced fatigue and increased health-related quality of life be linked with occupational performance?***
- ***Although there are methodological issues with this study, would the results still be applicable to your practice?***
- ***This study was completed with Americans, living in Illinois and Minnesota. Do you think that this would limit the applicability of the results to Canadians?***

You can join the on-line discussion for this CAP at www.caot.ca beginning January 15, 2007 and ending February 30, 2007.

OT Atlantic Conference 2006 Seas of Change: A phenomenon



Jude Driscoll

In the early 1970's there were three occupational therapists on Prince Edward Island (P.E.I.), but this number has now grown to 37 therapists practicing on the island. In 1973, these three therapists were invited by Kate Coffman to the first OT Atlantic held in New Brunswick. In 1974, the three P.E.I. occupational therapists, a physiotherapist, family and friends hosted the second OT Atlantic conference. It was a terrific opportunity for occupational therapists to gather and network, with island therapists billeting their colleagues.

From a modest beginning with social events hosted in homes and some client assistance to prepare the seafood chowder, OT Atlantic has evolved into a full-fledged conference. This past September 2006 we had nearly 100 people attend! Held at a waterfront resort and conference centre, the 2 day pre-conference workshops, corporate sponsors and accommodations were well received. The Honourable Pat Binns, Premier of P.E.I., provided the delegates and sponsors with an opportunity to celebrate P.E.I.'s fascinating occupational therapy history. Listening with pride, they heard this excerpt from the speech:

"Good morning, co-chairs Yvonne Thompson and Heather Gauthier, Olympian Heather Moyses, occupational therapists, ladies and gentlemen. Thank you for inviting me to join you this morning. Although this is officially day one of the conference, I know you had a very interesting presentation last

evening with Dr. Mary Ann McColl during the sixth annual Kelly Bang Memorial Lecture. I understand Dr. McColl's timely subject dealt with the future of occupational therapy in primary care. What a perfect kick off to a conference entitled Seas of Change.

Keeping on top of changes in attitudes, changes in patient care and changes in therapies is probably one of the most important responsibilities for an occupational therapist, and

makes Seas of Change a most appropriate name for this 2006 OT Atlantic Conference. The profession of occupational therapy is probably one of the most rapidly changing fields of work these days, so it is interesting

to note that the role of an occupational therapist in health care got off to a rather slow start with one occupational therapist working at (what were then known as) Riverside Hospital and the Provincial Sanatorium in the mid 50s and the introduction of a new occupational therapy department in the Rehabilitation Centre in the early 60s.

I believe it wasn't until the 70s that P.E.I. increased the number of occupational therapists to more than one, and finally, in the mid 70s the Registered Occupational Therapists Act was tabled on the floor of the Legislative Assembly. With the exception of minor revisions, that act remained in place until 10 years ago, when the new legislation, The Occupational Therapists' Act was proclaimed. Your continued enthusiasm for accepting and adapting to changing times and trends speaks volumes about your commitment to excellence.

Occupational therapists are valued members of our health care teams. Through therapy, people are often able to participate more fully in day-to-day living and working. Patients learn how to manage pain, prevent injury, cope with everyday activities in spite of personal challenges, reduce hospital stays or early nursing home admissions, continue to work and continue to serve as productive members of their community.

Opportunities such as this Atlantic conference offer an excellent opportunity for you to remain in tune with current practice trends, research, and successes. Your dedication to your profession, and to the clients you serve is evident through your willingness to continually adapt to changing times, demonstrated through your involvement in this conference. I want to take a moment to commend the P.E.I. Occupational Therapy Society for hosting this conference and for providing this opportunity for occupational therapists to network with each other while gaining valuable knowledge. I think I can speak for islanders everywhere when I say we appreciate you for all you do and for your commitment to helping others live life more fully. Thank you for offering me this opportunity to address you and best wishes for a successful conference."

So why share the phenomenon of OT Atlantic? What causes occupational therapists to give of their precious time? It is the inherent value of sharing how we think and what we do. This continues to be our motivation along with passion, courtesy, collaboration, fun and good food!

About the author –

JUDE DRISCOLL is an occupational therapist practicing in PEI since 1977. Since 1991, she has worked with recovering workers, employers, physiotherapists, physicians and chiropractors under the umbrella of the WCB of PEI. Jude can be reached at jadriscoll@wcb.pe.ca

Canadian Association of Occupational Therapists: On your behalf



Presentation to the Senate Standing Committee on Social Affairs, Science and Technology

In November 2006, Dr. Mary Law represented CAOT at a meeting of the Senate Standing Committee on Social Affairs, Science and Technology to discuss the occupational therapy role for individuals with Autism Spectrum Disorder (ASD). CAOT recommended the federal government take a leadership role to develop a national strategy for children with disabilities, including a national vision and action plan for ASD. The following areas were proposed for review in an ASD action plan:

- System issues such as access and funding.
- Integrated health human resource planning.
- Wait list management strategy.
- Research to develop evidence for ASD evaluation and intervention.
- Coordination and integration of ASD services provided by health, education and social sectors.
- Interventions and supports for families.
- Education for consumers, health professionals and government to ensure a comprehensive approach to ASD services.

Canadian Falls Prevention Curriculum

The Canadian Falls Prevention Curriculum is a three-year project to develop and pilot test a training curriculum for people working with older adults in the area of falls prevention. Funded by the Population Health Fund of the Public Health Agency of Canada in October 2005, the project will provide participants with the knowledge and skills needed for an evidence-based approach to seniors falls prevention. The project team is developing the curriculum to be reviewed by the advisory committee and pilot tested in Vancouver in early 2007. Assistance from CAOT will be to review curriculum content, recruit participants for pilot testing and help to disseminate project deliverables.

Development of an Interprofessional Framework for Case Management in Occupational Therapy, Physiotherapy and Speech Language Pathology

CAOT continues to respond to members' needs to develop a method to measure caseloads; an essential

measure for human resource planning and delivery of quality services. CAOT has partnered with physiotherapy and speech-language pathology associations to address this issue as all three disciplines share the need to develop a framework to measure caseloads. In September 2006, CAOT submitted a project proposal: The Development of an Interprofessional Framework for Case Management in Occupational Therapy, Physiotherapy and Speech Language Pathology. The proposal is aligned with the government's priorities to review wait time management and the health human resources pan-Canadian framework.

National Human Resources Database Project

This project is coordinated by the Canadian Institute of Health Information (CIHI) to develop a supply-based database of information for five health professions: occupational therapy, pharmacy, physiotherapy, medical laboratory technicians and medical radiation technicians.

In the late spring of 2006, CAOT became a data provider for the national occupational therapist database for members working in the three territories. Extensive work was undertaken to reconfigure the CAOT membership application and renewal form to collect data using the data elements defined by this project. In October 2006, CAOT reported the first data to CIHI and the other data providers. The initial report regarding the collected data is expected to be published by CIHI in the fall of 2007.

Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative

www.eicp.ca

The objective of the EICP initiative, funded by Health Canada's Primary Health Care Transition Fund, was to encourage health professionals to work together to produce the best health outcomes for clients and providers. Concluding in September 2006, the two-year interdisciplinary initiative produced an extensive tool kit available at www.eicp.ca. The tool kit assists people to develop a primary health care practice and is comprised of case studies and strategies.

Population-needs Based Planning Tool for Occupational Therapy in Primary Care

In September 2006, CAOT began working with Dr. Mary Ann McColl from Queen's University to develop a validated tool to integrate occupational therapy into the primary health care system. The project will be completed by August 2007 and is supported by an interprofessional advisory group appointed by CAOT.

Primary Health Care Awareness Campaign

The CAOT Primary Health Care Awareness Campaign continues in the second year with 19 volunteers participating throughout Canada. The campaign is guided by a national advisory group of CAOT stakeholders. Training sessions are available to volunteers and members of the advisory group. The campaign will continue this year to provide further opportunity for information uptake on primary health care.

Workforce Integration Project

Funded by the Government of Canada Foreign Credential Recognition Program, the project was led by CAOT. The project began in May 2005 and concluded in November 2006. Project objectives were to identify issues that enable/inhibit workforce integration of international graduates and develop recommendations for future action.

An advisory committee provided input into the methodology of the Workforce Integration Project, assisted with gaining access to information required to meet project objectives and identified recommendations based on the findings of the study. The membership of the advisory committee included representatives from stakeholder groups having interest in the workforce integration of international occupational therapy graduates. The project gained an understanding of workforce integration issues for international occupational therapy graduates from many perspectives. The full report of the project will be posted in English and French on the CAOT web site. The recommendations of the project can be found on page 16 of this issue of OT Now.

Canadian Alliance on Mental Illness and Mental Health (CAMIMH)

www.camimh.ca

The primary goal of CAMIMH is to support the development of a national action plan for mental illness and mental health for Canada. CAMIMH published the Framework for Action on Mental Illness and

Mental Health and the publication was sent to all House of Commons and Senate members, as well as senior government officials.

CAMIMH organized Mental Illness Awareness Week (MIAW), held from October 1 to 7, 2006. Diane Méthot and Myriam Faye represented CAOT at the Champions of Mental Health Luncheon on October 4, 2006. CAOT supported MIAW by distributing approximately 5,100 MIAW posters and bookmarks to CAOT members, informing occupational therapists about MIAW through an e-mail blast and encouraging CAOT members to post their events on the MIAW web site.

The Mental Health Literacy Project was the focus of the CAMIMH members meeting held on October 4, 2006. CAMIMH recently commissioned a series of focus groups to obtain an understanding of mental health literacy. The project results will provide valuable information to the Canadian Mental Health Commission.

Chronic Disease Prevention Alliance of Canada (CDPAC)

www.cdpac.ca

The CDPAC is a coalition of provincial, territorial and national organizations, researchers, practitioners and policy makers. The vision of CDPAC is for an integrated system of chronic disease prevention in the three leading chronic diseases in Canada: cancer, cardiovascular disease and diabetes. The role of CDPAC includes the following:

- Advocate for integrated research, surveillance, policies and programs, as well as the resources to positively influence the determinants of health.
- Promote chronic disease prevention efforts that reduce exposure to tobacco smoke, increase physical activity and reduce unhealthy nutrition practices.
- Support learning by facilitating information-sharing and dialogue among researchers, practitioners, policy planners and others who can improve understanding of the required health and social system changes.

CAOT members can subscribe to CDPAC Newsbytes, a free electronic newsletter for individuals interested in chronic disease prevention available at: www.cdpac.ca/content/newsroom/newsbytes.asp.

Canadian Working Group on HIV and Rehabilitation (CWGHR)

www.hivandrehab.ca

This past August, CWGHR was involved in the International AIDS Conference held in Toronto. CWGHR hosted four education sessions and a poster presentation on the Interprofessional Learning in Rehabilitation in the Context of HIV Project. CWGHR is also working on a project to address the systemic barriers to labour force participation for people living with episodic disabilities. Debra Cameron from the University of Toronto represents CAOT on the advisory committee for CWGHR. You can read more about the various CWGR activities in this issue of OT Now on page 3 or on the CWGR web page.

National Board for Certification in Occupational Therapy (NBCOT)

www.nbcaot.org

The NBCOT is a not-for-profit credentialing agency that provides certification for the occupational therapy profession in the United States. All occupational therapists who wish to practice in the U.S. must pass the NBCOT certification exam. CAOT has been communicating with NBCOT due to their recent announcement that effective January 1, 2007 only occupational therapists with Master's degrees will be eligible to write the NBCOT certification exam. This has been a concern to many of CAOT members and student members. NBCOT has issued a revised statement that will permit a foreign candidate to write the NBCOT exam provided they can show evidence of equivalency to the U.S. Master's requirements and they are graduates of NBCOT approved programs.

National Network of Libraries for Health (NNLH)

NNLH is a coalition of organizations interested in the development of a system that will ensure that all health care providers in Canada have equal access to the best information for client care. The system will be designed to fit the Canadian health care model and fill in information gaps inherent in a complex health delivery system. NNLH is sponsored by the Canadian Health Libraries Association (CHLA).

In June 2005, a CAOT representative attended a NNLH stakeholders meeting. At this meeting a high level of support was received from the meeting participants, including representatives from health professional associations, the Public Health Agency and the Canadian Institute for Scientific and

Technical Information. CAOT has provided input into the consultation for a national health information system. The feedback received was used by CHLA to develop a detailed business plan with costs and timelines. A copy of the concept paper is available at <http://chla-absc.ca/nnlh/indexe.htm>.

Pan-Canadian HHR Planning Framework Consultation Workshop

In October 2006, CAOT and the members of the Health Action Lobby (HEAL) were invited to attend the Pan-Canadian HHR Planning Framework Consultation Workshop by the Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources (ACHDHR). The 2003 First Minister's Accord on Health Care Renewal identified that:

Appropriate planning and management of health human resources (HHR) is key to ensuring that Canadians have access to the health providers they need, now and in the future. Collaborative strategies are to be undertaken to strengthen the evidence base for national planning, promote inter-disciplinary provider education, improve recruitment and retention, and ensure the supply of needed health providers.

In response to this directive the ACHDHR has developed an action plan designed to support collaborative pan-Canadian HHR planning. The plan sets out the principles for collaboration and identifies key actions that jurisdictions can take together to overcome barriers to implement system-design/population needs-based planning, avoid the risks and duplication associated with the current jurisdiction-by-jurisdiction planning approach and increase their HHR planning capacity. The goals of the workshop were the following:

- To inform stakeholders of the results of the consultation on the Framework for Collaborative Pan-Canadian Health Human Resources Planning.
- To inform stakeholders of the Revised Framework's Action Plan and current pan-Canadian HHR planning activities.
- To engage stakeholders in the implementation of the Framework's Action Plan.

The outcomes of the workshop will be released in the next few months with recommendation for collaborative strategies to advance a pan-Canadian framework.

Update from the COTF

2007 COTF Awards Program

Research Grants – Deadline February 28

COTF Research Grant	\$20,000 (4 x \$5,000)
Critical Literature Review Grant	\$10,000 (2 x \$5,000)
J.V. Cook & Associates Qualitative Research Grant	\$1,500

Scholarships – Deadline September 30

CIHR	\$11,000
SickKids	\$10,000 (2 x September @ \$2,500 per scholarship & 2 x February @ \$2,500 per scholarship)
Master's	\$3,000 = 2 x \$1,500 (2 x due to partnership with SickKids)
Doctoral	\$6,000 = 2 x \$3,000 (2 x due to partnership with CIHR)
Thelma Cardwell	\$2,000
Goldwin Howland	\$2,000
Invacare	\$2,000

Other Awards

Janice Hines Memorial Award (September 30 deadline)	\$1,000
Marita Dyrbye Mental Health Award (March 31 deadline)	\$1,000 (\$1,000 every 2 years)

Please refer to the COTF web site for details of the 2007 awards program. For application forms, see the opportunities for researchers section at www.cotf-canada.org.

Updates on the COTF board

On September 30, 2006 the terms ended for three COTF governors. Debra Cameron began on the COTF board as a governor in 1998 and was the president from 2000 to 2003. She continued as a governor

until 2006. Debra was a very dedicated and hard working member of the COTF board whose passion and enthusiasm were contagious. She will be greatly missed. Sandra Bressler joined the board in 2002 and was the president from 2003 to 2006. She was instrumental in successfully moving COTF from its former Toronto location to Ottawa with the CAOT national office. Sandra's understanding of CAOT and COTF tremendously benefited both organizations due to their close working relationship. Diane Méthot, as CAOT president, was on the COTF board from 2004 to 2006. Her support of COTF and her participation at the COTF board was valued. Thank you to all three governors for their time and effort!

COTF welcomes new governors

Sue Forwell, the present CAOT president, joins the board. Rachel Stack has returned to the COTF board. Rachel is a fieldwork coordinator / lecturer in the Department of Occupational Science and Occupational Therapy at the University of Toronto. Huguette Picard from the Université de Montréal also joined the board in April 2006. COTF welcomes all three governors to the board.

2006 Donor reception and art ability

COTF held its donor reception on October 18, 2006 at the Steam Whistle Brewing in Toronto. The donor reception welcomed current, past and potential donors. The reception provided a forum for networking and for COTF to thank its donors and guests for their support. Following the donor reception, guests had the opportunity to attend Art Ability. This fundraising event showcased the work of local artists. This enjoyable event was successful for COTF. Thank you to those who attended both of these events and supported COTF!

Remember to update your COTF contact information

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

Your support counts!

COTF sincerely thanks the following individuals, companies and organizations for their generous support during the period of August 1 to September 30, 2006. For those whose names do not appear in this listing, please see the next issue of OT Now.

Margaret Armbruster

Sue Baptiste

Jeff Boniface

Jane Bowman

Sandra Bressler



Amy Caldwell

Deb Cameron

Donna Campbell

Canadian Association of

Occupational Therapists

Margo Carkner

Anne Carswell

Christina Ching Yee Fung

Mary Clark



Sandy Daughen

Johanne Desrosiers



Patricia Erlendson



Marcia Finlayson

Sharon Friefeld (in kind)

Margaret Friesen

Future Mobility



Karen Goldenberg

Iris Greenspoon



Healthcare Inc. (in kind)

Susan Harvey



Sangita Kamblé

Donna Klaiman



Pat Leece

Lori Letts



Mary Manojlovich

Katherine McKay

Guylaine Mercier

Diane Méthot

Jan Miller Polgar

Cheryl Missiuna

Linda Petty (in kind)



Gayle Restall

Jacquie Ripat

Annette Rivard

Patricia Rodgers



Debra Stewart

Anne Strickland

Thelma Sumsion

Fern Swedlove



Beverlea Tallant (in kind)

Barry Trentham



Irvine Weekes

Muriel Westmorland

Seanne Wilkins



Karen Yip



4 anonymous donors



CAOT endorsed courses

CONFERENCES

Progressive Goal Attainment Program (PGAP) Training Workshop: A new program for minimizing pain-related disability

January 26 & 27, 2007 in Ottawa, Ontario and February 2 & 3, 2007 in Montreal, Quebec (the Montreal workshop is in French) and March 2 & 3, 2007 in Halifax, Nova Scotia. Provider: Dr. Michael JL Sullivan - University Centre for Research on Pain and Disability

Contact: Heather Adams

Tel: (902) 471-7864

Fax: (902) 421-1292

E-mail: info@pdp-pgap.com

Website : www.pdp-pgap.com

Health Leaders Institute March 30-31, 2007

Bank of Montreal Institute for Learning, Toronto, ON

Contact: Judith Skelton-Green

Tel: (705) 549-7749

Fax: (705) 549-8906

E-mail: Judith.skelton-green@transition-hod.ca

Apraxia

January 20-21, 2007
Eye Care Centre Auditorium
10th / Willow St., Vancouver, BC

Contact: Dianna Mah-Jones

Tel: (604)263-8730

Fax: (604)263-8730

E-mail:dmjot@shaw.ca

"Education is simply the soul of a society as it passes from one generation to another."

B.K. Chesterton in the Observer, 'Sayings of the Week', July 6, 1924

CANADIAN HEALTHCARE ASSOCIATION

Risk Management and Safety in Health Services

Course starts every September.

Continuous Quality Improvement for Health Services

Course starts every September.

Modern Management Correspondence course

September 2006 - April 2007

Contact: Cheryl Teeter, Director

CHA Learning, 17 York Street,
Ottawa, ON, K1N 9J6

Tel: (613) 241-8005, ext. 228

Fax: (613) 241-5055

E-mail: cteeter@cha.ca

WEB-BASED DISTANCE EDUCATION

Post Professional Graduate Programs in Rehabilitation Sciences

University of British Columbia and McMaster University

Courses offered twice a year in September to December & January to April. Courses: Evaluating Sources of Evidence, Reasoning, Measurement, Developing Effective Programs, Facilitating

Learning in Rehab Contexts.

Graduate Certificate is granted after completion of 5 courses. These courses can be applied to Master's programs at each university, if the candidate is eligible.

Contact: online.support@ubc.ca

Tel: 604-822-7050

Websites: <http://www.mrsc.ubc.ca>
or www.fhs.mcmaster.ca/rehab/

Dalhousie University Series

Program Evaluation for Occupational Therapists (OCCU5043)

Date: January - April 2007

Instructor: Dr. Reg Urbanowski

Advanced Research Theory and Methods for Occupational Therapists (OCCU5030)

Dates: January - April 2007

Instructor: TBA

Identity and Transitions (OCCU5040)

Dates: May - June, 2007

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

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