CAOT · ACE

Table of Contents

In Memoriam
Betty Baird Eaton
St.John's, Newfoundland – September, 2007

Joy Bassett
Duncan, British Columbia – September, 2007

Jeanne Foster
Mississauga, Ontario – December, 2006

Occupational Therapy Thesis Database

Any occupational therapist who has completed a Master's or PhD thesis is invited to provide us with information regarding your thesis to be entered into the OT Education Finder. Please contact education@caot.ca for more information.

On the cover –
The image, a creation of the authors with the assistance of a graphic artist, represents enablement of a world of occupations. The globe is to suggest a world, the puzzle pieces on the surface of the globe are there to suggest that the occupational world is comprised of all manner of occupations.

The hands suggest both doing - as in the doing of occupations - and enabling - as in helping to making the doing possible. The arrows wrapping around the globe, borrowed from the Client Model of Client-Centred Enablement, suggest the interaction of therapist and client interacting in an enablement process.

Thank you to Helene Polatajko and Elizabeth Townsend for providing this description.

Introducing the new guidelines - Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-being, & Justice through Occupation

Janet Craik, Elizabeth Townsend and Helene Polatajko

At the annual Canadian Association of Occupational Therapists (CAOT) conference in St. John's, Newfoundland and Labrador, the Canadian Association of Occupational Therapists (CAOT) launched Canada's latest guidelines, *Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-being, & Justice through Occupation*. In October 2007, the Australian launch of these important new guidelines was organized by Dr. Gail Whiteford of Charles Sturt University with the Canadian High Commissioner to Australia in attendance. Throughout this year, you will be presented with a series of articles in *OT Now* to provide you with information on how these guidelines can enhance your occupational therapy; a practice described as one "dedicated to enabling all people to be engaged in meaningful occupation and to participate as fully as possible in society (Townsend & Polatajko, 2007, p. 2)."

In this, the first of the series of articles on *Enabling Occupation II*, we will tell you about the guidelines creation and format. The subsequent articles will introduce some of the specialized language and new models and will provide highlights of behind the scenes stories regarding the guideline's publication.

Canada's latest guidelines provide are a companion document to *Enabling Occupation: An Occupational Therapy Perspective* (CAOT 1997; 2002) reflecting the growth and development of the profession's knowledge in occupation-based, evidence-based and client-centred practice. In this article we will journey back in time and present the steps and stages that produced these new guidelines, acknowledge some of the many people involved and summarize what you will find in *Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-being, & Justice through Occupation*.

Impetus for Enabling Occupation II

In 2004, the vision for *Enabling Occupation II* emerged when CAOT decided to support a new generation of guidelines to start off the 21st century. For the next 3 1/2 years CAOT actively engaged in the process of developing a publication to complement previous CAOT documents and provide a vision for the future of occupational therapy practice, educa-

tion and research in Canada. During the 1980s, CAOT's mission was to articulate the conceptual grounding, processes and outcomes of occupational therapy in Canada, and also to produce a series of guideline documents in collaboration with a Federal guidelines program for health professions (Department of National Health and Welfare & CAOT 1983, 1986, 1987; CAOT, 1991, 1993). The first three publications were consolidated in 1991 and expanded in 1993 with occupational therapy guidelines for mental health practice. *Enabling Occupation: An Occupational Therapy Perspective* was launched in 1997 and updated in the 2002 with a new preface. As the eighth landmark publication in Canada's practice guidelines series, *Enabling Occupation II* marks almost 25 years of advancing an occupational therapy vision, models, processes and outcome evaluation focused on occupation-based, client-centred practice.
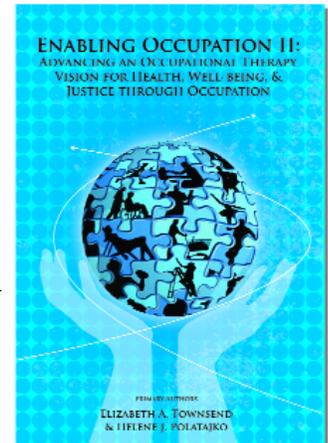
> *"Enabling Occupation II marks almost 25 years of advancing an occupational therapy vision, models, processes and outcome evaluation focused on occupation-based, client-centred practice."*

As with previous guidelines, *Enabling Occupation* (1997; 2002) has been a core text for Canadian occupational therapy education curricula. Practitioners have reported using the publication to help guide the development of documentation protocols and practice policies. Not only has this book sold well across Canada, it has had a considerable impact internationally and is available in French, Danish and Russian.

Since 2002, key points of critique have been raised and changes have occurred in the context of occupational therapy practice. As well, an increased emphasis on evidence and accountability has emerged as have new language and models of health. These and related factors were the impetus to move

forward with new guidelines. Hence *Enabling Occupations II* was born.

Writing Enabling Occupation II

A unique national consultation process was established to create *Enabling Occupation II*. Invited by CAOT to lead the process, two primary authors, Elizabeth Townsend and Helene Polatajko, worked with the assistance of a project manager, Janet Craik. Guided by an 11 member National Advisory Panel, the two primary authors, worked with 61 contributing authors to create a coherent and comprehensive document to guide the wide scope of Canadian occupational therapy practice with clients, and in consulting, management, education, research and policy development in the private and public sectors. In addition, two CAOT team members provided direction and support, 12 reviewers raised critical reflections and eight publication team members helped to bring the book to press. A great accomplishment was achieved by all in an incredibly short time!

To ensure that the new publication was in keeping with national perspectives and state of the art evidence in occupational therapy, numerous consultative strategies were used including the following:

- National Advisory Panel represented diverse areas of practice including clinical, management, education and research, various geographic regions of Canada, consumers of occupational therapy services, Health Canada and CAOT staff.
- Invitations were accepted by 61 Canadian contributing authors to participate as

About the authors –

Janet Craik is an occupational therapist currently working for CAOT as the Professional Education Manager. Janet was the project manager for the Enabling Occupation project and was thrilled to work collaboratively with so many great occupational therapy minds on the production of this book.

Elizabeth Townsend has been an author on all Canadian guidelines since the series started in the early 1980s. As the first author of the latest guidelines, she combined her clinical, consulting, management, education and research practice experience. It was a hugely invigorating process of professional collaboration for her to write the book with Helene Polatajko and many of Canada's leading occupational therapists, with wonderful assistance from Janet Craik and the CAOT office.

Helene J. Polatajko is an internationally respected researcher, educator and clinician. She has over 150 publications, and has done over 250 presentations in 13 countries, and over $6,000,000 in research funds. She is a Muriel Driver Lecturer, a Fellow of the Canadian Association of Occupational Therapists and an inductee in the Academy of Research of the American Occupational Therapy Foundation.

"The book's vision is to herald an era of occupational enablement for occupational therapists and our clients."

chapter co-authors, case writers and text box writers
- Topic specific focus groups were held with national and international audiences
- CAOT website provided updates
- CAOT public discussion board invited input
- CAOT Conference June 2006 forum invited input
- National Diversity Review offered consciousness raising cases and text boxes
- Consumer, national and international peer review offered insights & edits
- French translation/review responded to Canada's francophone community particularly in Quebec

Momentum of Enabling Occupation II

Enabling II is honoured to have endorsements from two long standing advocates for client-centred practice in occupational therapy: Mary Law wrote the foreword and Thelma Sumsion the prologue to the new guidelines. The introduction of the publication provides the background and cultural context. The guideline's vision is "to herald an era of occupational enablement for occupational therapists and our clients", and its purpose is "to honour our past, affirm our present, and profile a future that is focused on occupation-based enablement" (Townsend & Polatajko, 2007, p.1).

The new guidelines are organized into the following four sections:

Section I	Occupation: The core domain of concern for occupational therapy
Section II	Enablement: The core competency of occupational therapy
Section III	Occupation-based enablement
Section IV	Positioning occupational therapy for leadership

Each section is a complete unit unto itself, containing an introduction, a vision statement, a purpose, learning objectives for the reader, practice implications an opening case, and additional cases to illustrate points in various chapters. The publication concludes with an epilogue written by the primary authors who invite readers to reflect upon their learning and practice with clients in management,

consulting, education or research. *Enabling Occupation II* also provides a detailed index, an extensive reference list and a comprehensive glossary of terms.

Overall the guidelines were written for occupational therapists, by occupational therapists - from front line practitioners to consultants, administrators, policy analysts, researchers, and academics. The content spans the diverse practice mosaic of occupational therapy providing case examples from a variety of client and practice contexts.

"Overall the book was written for occupational therapists, by occupational therapists - from front line practitioners to consultants, administrators, policy analysts, researchers, and academics."

During the first six months after publication, this 418 page text has been extremely well received. All copies on hand at the CAOT conference were immediately sold out and 1,100 copies have been sold across Canada and around the world in just 4 months.

Photo by Lisa Mangelsdorf

L to R: Professor Gail Whiteford of Charles Sturt University, Albury, NSW,
Mr. Leir, Canadian High Commissioner to Australia,
and Carol Crocker, President OT Australia

Dr. Gail Whiteford organized an Australian launch and media event in October, concurrent with her launch of a Practice Scholarship Project on *Enabling Occupation II* involving both Australian and Canadian occupational therapists in discussing the book's application in practice.

We invite your comments and questions and hope that this and future articles will spark points of discussion and celebration! Your feedback is welcome at *OT Now* and on the CAOT website's public discussion board. We would love to hear comments on the question: Does the new guidelines indeed help you to "herald an era of occupational enablement for occupational therapists and our clients?"

Please address any questions or feedback regarding this publication on the *Enabling Occupation II* public discussion board at:
> → **www.caot.ca**
> → **Periodicals and Publications**
> → **Enabling Occupation**
> → **Public discussion board**

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The third edition of the Profile of Occupational Therapy Practice in Canada: A new tool to define and strengthen our professional identity

Claudia von Zweck, CAOT Executive Director

The Canadian Association of Occupational Therapists (CAOT) is proud to introduce the third edition of the *Profile of Occupational Therapy Practice in Canada*. This document articulates the skills, knowledge and abilities needed to practice occupational therapy in Canada. The *Profile* is used for many purposes, including by CAOT for the measurement of outcomes in occupational therapy education during academic accreditation and the development of the certification examination blueprint. CAOT undertakes a review of this document every five years to ensure the *Profile* accurately reflects occupational therapy in the context of current practice.

The development of the third edition of the *Profile* involved multiple steps. Initiated in 2005, a national advisory committee with representation from a wide variety of stakeholder groups including regulators, educators and practitioners oversaw the development process. The creation of the Profile began with a review of best practices in competency development. As a result of this review, the CanMEDs model, originally developed by the Royal College of Physicians and Surgeons in Canada was adapted for use as the *Profile* framework (Frank, 2005). Competencies were identified with the assistance of the Content Working Groups comprised of members from across Canada. Validation of the completed Profile occurred in the spring of 2007 and involved a survey of over 2000 CAOT members. Based on the feedback received from the successful results of this validation process, the Profile was published in the fall of 2007. An in-depth mapping of the validated competencies with the Essential Competencies of Practice (Association of Canadian Occupational Therapy Regulatory Organizations [ACOTRO], 2003) was performed to ensure congruence between the two sets of entry-level competencies.

The development of this third edition of the *Profile* was purposively undertaken in conjunction with other CAOT projects that guide and describe occupational therapy practice in Canada, including the creation of *Enabling Occupation II: A Vision for Health, Well-being and Justice Through Occupation* (Townsend & Polatajko, 2007). The Profile integrates concepts described in these initiatives to provide an innovative approach to define our profession. Essential features of the *Profile* include:

1. Reflection of a broad definition of occupational therapy

The *Profile* depicts occupational therapy as both an art and a science that has a focus of enabling engagement in occupation to promote health and well-being (Townsend & Polatajko, 2007). Interventions are directed at the individual, group, community and population level to effectively address barriers that interfere with occupational engagement and/or performance.

2. Acknowledgement of the diverse roles involved in occupational therapy practice

The *Profile* recognizes the wide range of requirements of occupational therapists for today's practice context. Our work demands leaders that use evidence-based processes and our complex knowledge, skills and abilities in relation to the seven roles for occupational therapists as depicted in figure one (adapted from Frank, 2005):

Figure One:

Profile of Occupational Therapy in Canada

Occupational therapists are described as autonomous, self-regulated professionals, who individually and collectively monitor and manage their personal and professional limits. Occupational therapists enable effective dynamic interactions with clients, team members and others about occupations, occupational performance and daily life, as well as about occupational therapy services as communicators. As a scholarly practitioner, reflection and quality improvement are incorporated into everyday practice. As collaborators, occupational therapists work effectively in teams to enable participation in occupations by using and promoting shared decision-making approaches. The use of expertise and influence to advance occupation, occupational performance and occupational engagement is inherent in the role of change agent. Effective and efficient practice is dependent upon the role of the practice manager to manage time, prioritize and support the organization of occupational therapy services.

3. Identification and celebration of enabling occupation as the core competency of occupational therapists

Consistent with the Canadian Model of Client-Centred Enablement (Townsend & Polatajko, 2007), our work in occupational therapy as an expert in enabling occupation is considered the central role, expertise and competence of an occupational therapist. Work in this core function is interconnected with all other roles and draws upon required competencies to effectively use occupation as both a medium for action and an outcome for occupational therapy intervention.

4. Recognition of the impact of practice context

Involvement in the seven roles depicted in figure one is not equal, as not all roles may be part of everyday practice. The roles required in any situation are influenced by and dependent on the client (i.e. individuals, groups, communities or populations) where the work is done and the client's needs. While compatible with the Occupational Performance Process Model (CAOT, 2002), the *Profile* is aligned with the more generic Canadian Practice Process Framework that is relevant in a broad range of practice contexts (Townsend & Polatajko, 2007). The *Profile* advances an inclusive definition of the work of occupational therapists that involves clinicians as well as practitioners in less traditional areas of practice such as community development, research, education, administration and policy.

5. Description of competency development as fluid and dynamic

The *Profile* articulates a competency continuum that describes the skills, knowledge and abilities of occupational therapists who are competent as well as those considered proficient. The *Profile* defines the competent occupational therapist as an individual that meets or exceeds the minimal and ongoing performance expectations and demonstrates the requisite knowledge, skills and abilities for safe and effective practice of occupational therapy at the beginning of and throughout their career. Occupational therapists who are proficient also have the knowledge, skills and abilities of the competent practitioner but vary in how the competency is performed (i.e. ease of performance, professional sophistication and artistry of practice).

In the day-to-day work situation all occupational therapists, whether newer graduates or seasoned veterans, are competent. Some occupational therapists may have a few roles they are performing at the proficient level and in rare circumstances there may be practitioners who demonstrate all of the roles at the proficient level.

Competency development is dependent on practice context, experience and opportunity for continuing education. For example, a researcher may become more proficient in the roles of scholarly practitioner, change agent, practice manager, communicator and expert in enabling occupation (depending on the area of research) as depicted in figure two:

Figure Two:
Profile of an Occupational Therapy Researcher

6. Development of a framework for additional purposes

The *Profile* provides a framework that can be expanded to describe other practitioners in occupational therapy, including occupational therapists who are experts/advanced practitioners as well as individuals working as occupational therapy support personnel. CAOT recently completed a project to articulate a new conceptual framework for describing support personnel competencies in relation to the *Profile*. The *Profile* also supports inter-professional education and service as the framework was adapted from the work of other Canadian health practitioners and utilizes common terms.

The development of the third edition of the *Profile of Occupational Therapy Practice in Canada* represents a significant step forward in how we conceptualize and recognize our profession. The knowledge, skills and abilities described in the Profile lead to a variety of career paths for occupational therapists that are valued and necessary for effectively enabling occupational justice. The *Profile* can serve as an excellent tool to assist occupational therapists with career planning and development by providing the foundation for functions such as defining job descriptions, completing performance appraisals and determining compensation structures. By recognizing the full potential of occupational therapists, the *Profile* offers the opportunity to strengthen our identity and enable the further growth of occupational therapy in Canada.

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Note: *Profile of Occupational Therapy* (Third Edition) is available on the CAOT website.

Joint Position Statement on Diversity

Position Statement

Occupational therapy is committed to promoting an equitable Canadian society and to practicing in ways that are accessible, welcoming, meaningful and effective for people from diverse social and cultural backgrounds. Multiple definitions of and approaches to diversity already exist; however, there is not yet consensus within the profession about definitions or approaches. There is discussion within the occupational therapy profession to identify the definition or definitions of diversity that most effectively move the profession toward greater inclusion, while exploring the consequences of adopting particular definitions along with attendant frameworks for action. The five organizations strongly support initiatives within the profession to examine the impact and potential impact of diversity on occupations; therapist-client interactions; occupational therapy theoretical concepts and models; professional culture; recruitment and retention of university faculty, staff and students; and on effective work with students and colleagues.

Recommendations to Occupational Therapists

1. Occupational therapists, working through their organizations and local communities of practice, begin the discussions necessary to identify which definitions of diversity move the profession toward greater inclusion and what frameworks for practice those definitions support.
2. Occupational therapists engage in continuing education to better understand the social and cultural factors that influence occupation and participation for individuals, families and communities.
3. Occupational therapists support one another to engage in self-reflexive[1] practice, critically examining the ways their own social and cultural background affects practice.
4. Occupational therapists who are addressing diversity issues through innovations in practice and/or in educational approaches document and disseminate those innovations for broader learning.
5. Occupational therapists employ research evidence, as well as contribute to increasing our knowledge base, to better understand sociocultural[2] diversity in relation to occupation, health, therapy and professional education.
6. Those who are teachers, preceptors and mentors in occupational therapy draw upon other fields as well as occupational therapy scholarship to help make clear the impact of sociocultural factors on occupation and occupational therapy practice in Canada.

Organizational Initiatives

1. Promote further discussion and debate within the profession to enhance awareness concerning the relationships among occupation, health and sociocultural status.
2. Promote and publish research and theory concerning the meaning of diversity and its implications for occupational therapy as a profession.
3. Promote discussion, research/scholarship and initiatives concerning the experiences of clients from marginalized and dominant sociocultural groups.
4. Promote discussion, research/scholarship and initiatives concerning the experiences of therapists and occupational therapy students from marginalized and dominant sociocultural groups.
5. Actively support initiatives in professional practices and structures to enhance work across and within diversity.
6. Promote occupational therapy education that centrally attends to the impact of sociocultural factors on clients, families and communities, as well as on therapists and the profession.
7. Document existing sociocultural diversity within the profession to better understand where recruitment and retention efforts may be needed and where they are not.

Joint Position Statement on Diversity

8. Explore avenues through which the profession can promote and contribute to initiatives that move toward a more equitable society for all Canadians, particularly in terms of occupation and participation.

Background

1. Occupational therapy's commitment to issues of diversity arises from its historical roots in 19th century social activism (Townsend, 1993) and its contemporary commitment to enabling occupational participation among those who have been disabled by organic condition, sociopolitical circumstances, economic situation and/or physical and other environments. The profession's commitment to equitable practice is evidenced in its philosophy of client-centred practice, acknowledging that each individual carries a unique combination of personal history, experiences, capacities, abilities, temperament and spirit. Yet being client-centred also means recognizing how individuals' membership in sociocultural groups systematically affects access to, engagement in and meaning of occupations. Socially structured differences leave many therapists questioning how best to implement equitable practice in an increasingly diverse Canadian population (Lum et al., 2004).

2. In occupational therapy, diversity and cultural difference are often treated as if synonymous with ethnicity. Increasingly this understanding is broadening to include differences in age, ability status, gender, race, ethnicity, religion, social class, sexual orientation, citizenship status and so on. All of these sociocultural factors influence experiences, opportunities, values, attitudes and beliefs in patterned ways. Culture can be understood as shared spheres of experience and meaning as well as the processes involved in creating, ascribing and maintaining meaning (Iwama, 2003).

3. A range of approaches to diversity have been put forward. Thus far, the focus has been on developing awareness, knowledge and skills to work effectively with people from minority cultural groups – in other words, finding out more about specific cultural groups (Dillard et al., 1992). The importance of scrutinizing one's own thoughts and actions to avoid unintentional imposition on others and the need to invite clients to share themselves fully by creating a safe space and time within the therapeutic relationship to explore their backgrounds, their beliefs, their practices and their preferences has also been emphasized (Kirsh, Trentham & Cole, 2006). Other approaches focus more on disparities between social and cultural groups, arguing that some social groups systematically enjoy unearned powers and privileges, while others face unearned disadvantages: here the focus is on social patterns and individual actions (and inactions) that reproduce social inequities such as racism, classism, ablism, heterosexism, sexism and so on (Beagan & Kumas-Tan, 2006).

4. Many core concepts, values and theoretical models in occupational therapy such as occupational balance, autonomy, independence and choice may not be relevant and valid across all cultures (Iwama, 2003; Hocking & Whiteford, 1995). Perceptions about what constitutes well-being, the centrality of meaningful action, the importance of balance – these may all be fundamentally rooted in white, western, middle-class cultural values (Humphry, 1995; Iwama, 2003).

5. Evidence is lacking concerning who comprises the Canadian occupational therapy population in terms of race, ethnicity, language, social class background, disability status, sexual orientation and religious affiliation. Without this evidence, we cannot know where recruitment and retention efforts may be needed. Nor do we have adequate information concerning how such factors affect occupational therapy students or practitioners. Therefore, we cannot know the extent to which therapists from diverse social and cultural groups experience discrimination and marginalization. We do know, however, that in one recent British study the majority of clinicians studied did not feel that they received adequate education on diversity issues during

Joint Position Statement on Diversity

their occupational therapy studies (Chiang & Carlson, 2003).

6. Perhaps, most importantly, we lack substantial evidence concerning how clients from diverse groups (including dominant groups) experience occupations and occupational therapy in the Canadian context. More broadly, we need research concerning how members of different sociocultural communities experience and attribute meaning to particular occupations, as well as how occupational therapy itself is or is not experienced as discriminatory, marginalizing and/or empowering.

Endnotes

[1] Reflective practice means being aware of our own experiences. Self-reflexive practice goes beyond this to examine how even our awareness and understandings are themselves shaped by our experiences. Critical self-reflexivity means examining how our experiences, awarenesses and understandings are shaped by, maintain and/or alter existing social structures (Kondrat, 1999).

[2] The term "sociocultural" is further discussed in the background section. It refers to those social and cultural differences that hold social and political relevance due to historical and contemporary power relationships.

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Note: This Joint Position Statement on Diversity has been prepared with the input of ACOTRO, ACOTUP, CAOT, COTF and PAC. The first two organizations are made up of the representatives of the provincial occupational therapy regulatory organizations and academic programs, respectively, and the PAC of provincial professional organizations. The participation of these groups represents a desire to reach a broad common understanding on this topic: it does not imply the explicit endorsement of each constituent of these consortiums. The Joint Position Statement on Diversity Working Group approved this joint position statement on February 15, 2007.

Virtual rehabilitation with video games: A new frontier for occupational therapy

Jonathan Halton

As science and technology change, so do our occupational therapy practice methods - this is shown not only within our field, but also within health care. Certainly, technological advancements continually influence our current practice and occasionally they create new tools for intervention. Virtual rehabilitation is one of these areas of advancements, where changes have driven new and unique treatment methods.

Virtual rehabilitation is the use of virtual reality (VR) and virtual environments (VE) within rehabilitation. VR and VE can be described as a simulation of real world environments through a computer and experienced through a "human-machine interface" (Holden, 2005, p. 188). Virtual rehabilitation has received increasing attention from researchers and clinicians who recognize potential therapeutic benefits due to the immersive nature of the medium.

Benefits of virtual rehabilitation

Virtual rehabilitation is able to provide a natural or real-life environment; individuals have the opportunity to forget about their surroundings and situation and focus directly on a task in the simulated environment (Schultheis & Rizzo, 2001). Clinical work often takes place outside individuals' normal environments - in hospitals, care centers or clinics. By facilitating therapy in a controlled virtual environment, we are able to offer functionally relevant and ecologically valid therapy and assessment (Rizzo, 2002). Ecological validity refers to how performance in an experimental context (i.e. VR) relates to and is predictive of behavior in the real world (Cooke, McKenna, Fleming & Darnell, 2006). In addition to immersion, there has been increased interest in VR due to its motivational nature; individuals using VR tend to have fun and are thus more motivated to continue therapy (Berger-Vachon, 2006).

Providing rehabilitation services from a distance via technology, known as telerehabilitation, has recently been coupled with the world of VR (Deutsch, Lewis & Burdea, 2007). Together, these two technologies have the potential to provide an alternative way to deliver therapy services to clients in rural settings as well as therapy home programs. A particular obstacle to recovery post discharge is for clients to continue with home exercises and therapy programs; researchers now see the promise of using the motivational nature of VR via telerehabilitation to enhance compliance with occupational therapy interventions (Bowman & Speier, 2006).

Challenges of virtual rehabilitation

The world of virtual rehabilitation is exciting and looks promising, but it is not without problems. Two challenges to the use of VR is the expensive cost of the systems and operation usually requires technical expertise (Burdea, 2003). These issues have led researchers and clinicians to consider more accessible commercial technology to provide VR therapy. This technology most often comes in the form of video game consoles, such as Microsoft Xbox and Sony Playstation 2 (Morrow, Docan, Burdea & Merians, 2006; Rand, Kizony & Weiss, 2004). Researchers have used modified versions of these consoles to create VR-like therapy systems. The goal is to get all the benefits of virtual rehabilitation without the cost and complication of true virtual reality systems.

Introduction of the Wii game console

Nintendo released the Wii game console in North America, November 2006. Unlike previous gaming consoles, the Wii gaming system is based primarily around its wireless controller, the Wii Remote. The controller is a television remote sized device that uses accelerometers in three axes as well as an infra-red sensor bar to recognize gestures in an environment (Newbon, 2006). This technology creates a video game system that relies on three dimensional movements to cue real-time responses within the software. Previously considered separate to VR, the gaming industry has now merged into the world of VR through the development of the Wii.

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With this physical based input interacting with a video game environment, suggestions have been made that the Wii could be used as a therapeutic device in the same manner as VR devices. Facilitated by a therapist, the movements required to play the game have the potential to work with rehabilitating individuals with physical and possibly cognitive impairments.

The Wii has several advantages. As a commercial product, it has graphics and interactivity driven by a competitive gaming industry where graphics, sound and play must be cutting edge. Furthermore, the video games are fun to play, which facilitates motivation for therapy and in turn will influence performance. The unit is affordable, with the cost of the Wii console currently listed at $279 Canadian. Finally, the Wii has built in networking capabilities and then has potential to be used in telerehabilitation in the same manner as a VR system.

Application of the Wii at the Glenrose Rehabilitation Hospital

Occupational therapists have begun to use the Wii with adults as a part of their regular treatment at the Glenrose Rehabilitation Hospital, a tertiary rehabilitation centre in Edmonton, Alberta. Using the principles of activity analysis, therapists use the Wii system and the Wii Sports software as a functional therapy task. Clients are oriented to the system and closely monitored by the therapist throughout the session.

Wii Sports includes five different activities: tennis, baseball, bowling, golf and boxing. If the player has difficulty operating the game, it can provide continuous instruction. Each sport requires the player respond with specific movements to play the game. For example, movements required for the tennis game include shoulder abduction, flexion, extension, horizontal abduction and adduction as well as elbow flexion and extension. The trunk requires movement
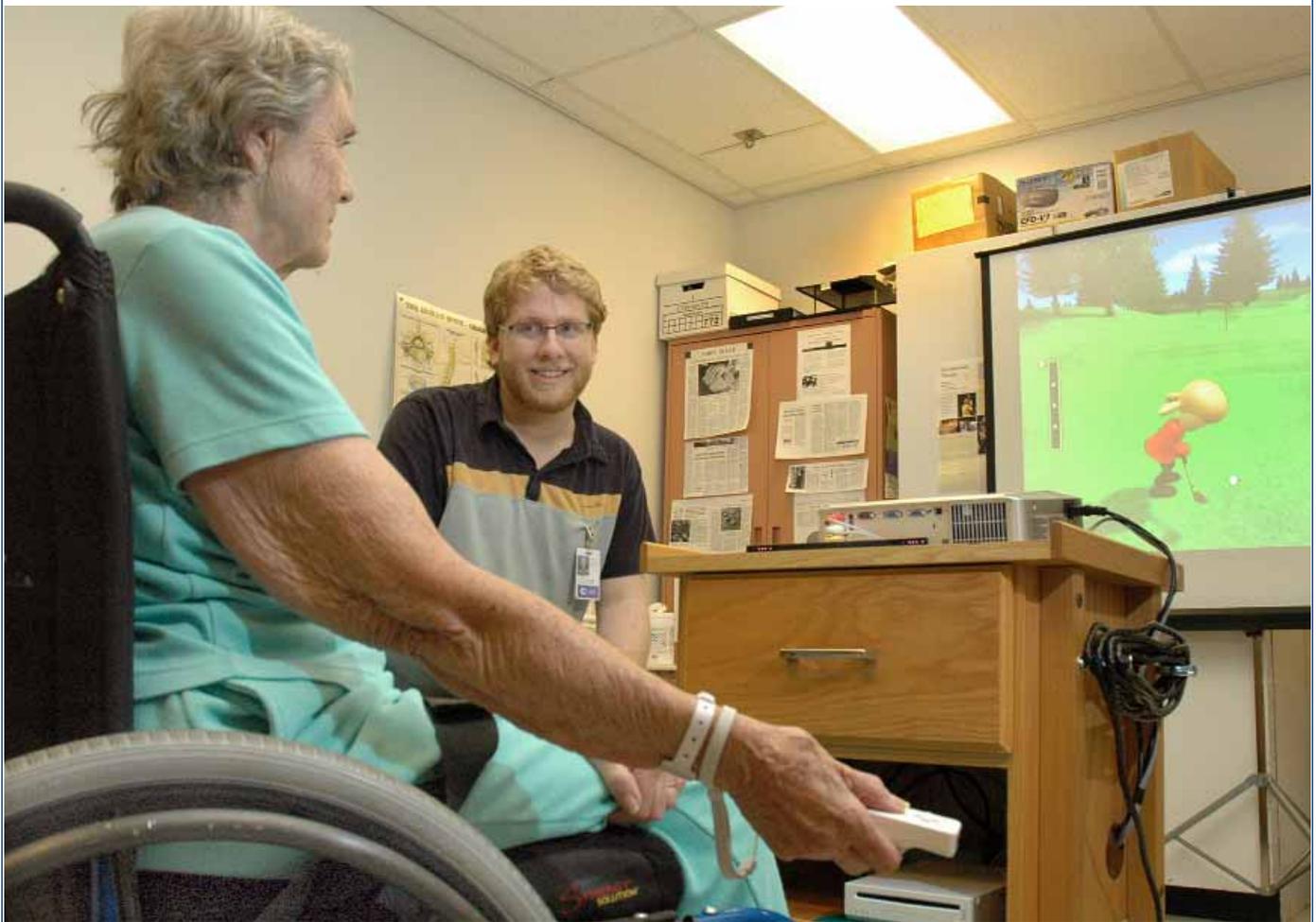
L to R – As part of her occupational therapy program, Eileen Beryl McManus works with occupational therapist Jonathan Halton using the Wii game console.

side-to-side and front to back. The feet can be moved and body direction switched. For those with less physical function, the movements for the games can be graded, as the Wii Remote can respond to smaller amplitude movements. Clients can participate while standing or sitting. The therapist facilitates movement through verbal encouragement or by providing hands on guidance and support.

"With benefits paralleling those of virtual rehabilitation technology, the low cost and intuitive nature of the Wii make it an exciting new therapy device."

Initial responses from clients and occupational therapists have been positive. Clients report they enjoy playing the Wii and work longer at therapy. An unexpected benefit is the positive group interaction between clients. Clients stay in therapy session longer than usual, engaging in social interaction and meaningful occupation. Some clients report that as their focus turned to the game, there was a less negative focus on the affected limb.

The response from occupational therapists has also been positive. They report that they can continue to work on identified client-centred goals while using the Wii; it is not entertainment alone. According to therapists at the Glenrose, clients appear to enjoy the Wii and it is a welcome occupational therapy tool.

While there have been no significant problems or disadvantages to date, it is important to acknowledge potential drawbacks to the Wii system. It will be important to develop evidence supporting the therapeutic use of the Wii so therapists can understand the types of clients and conditions who experience benefits. Overexertion is an important aspect to be considered; with motivation observed to be higher than conventional therapies, individuals have the risk of harming themselves from either too much use or exaggerated movements within a short time. Therapist monitoring is essential for client safety.

Future directions for the Wii

The above observations support the utilization of the Wii as a therapeutic occupational therapy tool. With benefits paralleling those of virtual rehabilitation technology, the low cost and intuitive nature of the

Wii make it an exciting new therapy device. However, the therapeutic effects of the Wii must be empirically investigated for an evidence-based practice. In addition, the potential application of the Wii as a telerehabilitation device and for service delivery in client homes and in rural settings is an area worthy of investigation.

Partnership between rehabilitation, engineering, computing science and industry would be a strategy that brings together the necessary expertise to examine the therapeutic benefits of and further develop VR and related technologies.

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Coming June 11, 2008 in Whitehorse, Yukon where the adventure awaits!
Pre-conference workshops at the CAOT conference

Janet Craik, CAOT Professional Education Manager

The CAOT pre-conference planning committee has been busy coordinating four full day pre-conference workshops to be held Wednesday, June 11, 2008 in Whitehorse, Yukon. The committee used the following criteria to select the workshops:

- Relates to the conference theme: Exploring the frontiers of occupation.
- Evidence-based, current and relevant for the diverse occupational therapy practices in Canada.
- Relates to northern health initiatives.
- Appeals to an interdisciplinary audience.

While the committee received many interesting workshop proposals, we had to carefully review each proposal and use the selection criteria to choose four workshops. The 2008 pre-conference planning committee is pleased to announce that the following workshops will be hosted this year:

1. Primary health care: A new frontier
Presenter: Mary Ann McColl

Mary Ann McColl is the acting director at the Centre for Health Services and Policy Research and a professor in the Department of Community Health and Epidemiology and in the School of Rehabilitation Therapy at Queen's University. Her primary research interests are health services and policy, community integration and social support for people with disabilities and measurement issues in disability and rehabilitation.

Primary health care providers, health administrators, occupational therapists and other interdisciplinary team members will explore the unique issues of people with disabilities in primary health care and innovative models to improve access to primary health care for people with disabilities. Participants will work collaboratively with the presenter to identify models for providing service to people with disabilities within a primary health care model; explore the policy framework around primary health care in Canada; and to offer guidelines for proposing a new program of disability-related services to primary health care providers and settings.

2. Fetal Alcohol Spectrum Disorder (FASD) – Making sense of their world
Presenters: Dorothy Schwab & Brenda Fjeldsted

Dorothy Schwab is an occupational therapist currently working at a clinic for alcohol and drug exposed children in Winnipeg as a community liaison/follow-up worker. She also works with children diagnosed with Fetal Alcohol Spectrum Disorder (FASD) in a classroom setting. Her work has been published in the book entitled "Living and Working with FASD".

Brenda Fjeldsted is an occupational therapist currently working as a member of the multidisciplinary team with the clinic for alcohol and drug exposed children in Winnipeg. Her role in the clinic is primarily assessment of the children as part of the diagnostic process, as well as provision of some follow-up services. She presented at the International FASD conference in March, 2007.

Occupational therapists in addition to families/caregivers, teachers, educational support workers, allied health professionals, child and family workers are invited to participate in this workshop. The presentation will be a combination of lecture format, interactive component and sensory simulation of

Photograph courtesy of the Yukon Tourism Department

Fishladder in Whitehorse, Yukon

what an individual with FASD may experience in an overwhelming and over stimulating environment. Participants will also learn about the new Canadian diagnostic guidelines for FASD, the impact of this disability on daily functioning and best practices for the management of FASD in children and adolescents.

3. Cultural safety and its impact on health care service

Presenter: Alison Gerlach

Alison Gerlach is an occupational therapist involved in a research project to explore how traditional Lil'wat values and beliefs influence raising a child with special developmental needs. Alison is the author of Steps in the Right Direction: Connecting & Collaborating in Early Intervention with Aboriginal Families and Communities in B.C. She is currently involved in projects promoting cultural safety in Aboriginal early childhood development programs in B.C.

Aboriginal and non-Aboriginal health administrators, occupational therapists and other interdisciplinary team members as well as physicians will explore how cultural safety impacts health professionals' clinical reasoning. This interactive workshop will explore the nature of cultural safety in providing health care services in collaboration with Aboriginal partners. A community development approach will also be presented where trust, strengths, community integration and sustainability are key components. The workshop will conclude with a panel discussion

by representatives from the Yukon Council of First Nations.

4. Recovery in mental health and addictions for an interdisciplinary electronic era

Presenter: Carrie Clark

Carrie Clark is an advanced practice clinician and an assistant professor in the Departments of Occupational Science and Occupational Therapy and Psychiatry at the University of Toronto. She is the project lead for the implementation of an electronic center-wide recovery oriented care plan at the Centre for Addiction and Mental Health in Toronto.

Health administrators, occupational therapists, interdisciplinary team members, physicians and educators will learn how to implement a recovery-oriented, interdisciplinary electronic documentation method in addictions and mental health. An interactive approach will be used including, small group activities and demonstrations of the electronic record and unique electronic education tools.

> **If you have any questions regarding the 2008 pre-conference workshops please contact Janet Craik, Professional Education Manager at jcraik@caot.ca.**

The conference supplement that describes all conference papers and activities will be available February 1, 2008 on the CAOT website.

Are you interested in becoming involved in the Private Practice Insights column published in OT now?

Recruitment is now taking place for a co-editor for the column. Working with Lorian Kennedy, this would provide an opportunity to develop articles for the column as well as review submitted articles. You can contact Lorian Kennedy at lorian@telusplanet.net or Fern Swedlove, OT Now editor at otnow@caot.ca for further information.

Eleven steps to improve data collection: Guidelines for a retrospective medical record review

Column Editor: Sandra Hobson

Lisa Engel, Courtney Henderson and Angela Colantonio

A medical chart or medical record review (MRR) is a data collection method used in occupational therapy clinical and research practice. Clinically, a MRR is often utilized for quality assessment and performance analysis, and in research it may be employed to collect retrospective data. However, issues have been raised concerning the feasibility, validity and reliability of a MRR (Luck, Peabody, Dresselhaus, Lee, & Glassman, 2000; Peabody, Luck, Glassman, Dresselhaus, & Lee, 2000; Wu & Ashton, 1997) and there is a lack of literature summarizing best practice for the development, planning and methodology of a MMR (Allison et al., 2000; Eder, Fullerton, Benroth, & Lindsay, 2005). While creating a MRR for a research project concerning work-related traumatic brain injury, the intricacies and complexities of this method of data collection became apparent. Developing guidelines helped to improve the reliability and utility of this project. The purpose of this article is to outline 11 current guidelines for utilizing a MRR as a data collection method.

Guidelines for completing a MRR

1. Define the research question

All research projects should start with a question to help clarify and focus what information one wants to accrue (Panacek, 1997; Portney & Watkins, 2000; Schwartz & Panacek, 1996). Knowing one's question helps inform the other components of the MRR. Further in this article the components of the MMR will be explained.

2. Understand the data source

Not all data sources are optimal for a MRR (Allison et al., 2000; Eder et al., 2005; Schwartz & Panacek, 1996). One needs to know if the information required to answer the research question is (a) available in the record, (b) consistently available in all of the charts, (c) recorded legibly in order to facilitate abstraction, and (d) not contradictory within each chart. Thus it is helpful to know where the information comes from,

the methods of gathering the information, as well as the who, when and how this information is documented in the chart.

3. Choose sections or areas of record/data source to review

Utilized charts may have different sections that describe similar information. However, as literature has identified, contradictory recordings of similar information within each chart may emerge (Banks, 1998; Eder et al., 2005; Krinsley, Gallagher, Weathers, Kutter & Kaloupek, 2003). Thus, to increase the reliability of the MRR it is beneficial to understand where these contradictions can or tend to occur (Schwartz & Panacek, 1996). Furthermore, an educated choice about where each variable is to be abstracted should be made based on knowledge of which section tends to report the information consistently within the data source. All data abstractors should be expected to collect each variable from the same designated section.

4. Create a standardized abstraction form/tool

A standardized abstraction tool should be developed to help abstractors collect the data from the records (Schwartz & Panacek, 1996). The variables included in the tool should relate to the research questions and objectives. Furthermore, the format of the tool and

wording of questions should also be considered. Questions within the standardized abstraction tool should be synonymous with the language and time frame used within the data source. Also the order of the questions within the tool should correspond to

"The MRR is often regarded as an easy, inexpensive and quick research method."

the order of information in the chart to facilitate efficient abstraction and decrease abstractor fatigue (Allison et al., 2000; Banks, 1998).

Each chart should be assigned a project identification (ID) number in order to ensure confidentiality and the ID number, not chart or person identifying information, should be indicated on each page of the tool. Also, the ID number should be indicated on the top, right-hand corner for ease of retrieval once the tools are filed. Forms should have an easy to read layout that uses number based variable choices (e.g. 0 = negative; 1 = positive), and the amount of text should be minimized. Circling or checking options aids in ease of abstraction versus having to fill in information. Date and time format should be predetermined (i.e. use of leading zeros, 24 hour versus 12 hour time, number of digits for dates), and when numbers need to be indicated broken lines should indicate the number of digits to be collected including spaces for leading zeros. Options to variables should be inclusive of all possible options, and the investigator should consider whether a "missing/not noted" option is appropriate. As well, simply because a variable is not mentioned in a chart may not necessarily indicate that the variable is missing. For example, a health professional may not report that a patient is not experiencing headaches. However, this may not necessarily indicate that this data is missing, but rather that it was simply not recorded. In these cases, the investigator may need to use the options of

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"stated negative" and "inferred negative" to be inclusive of all possible responses. Please refer to the article by Nagurney et al. (2005) for further explanation.

5. Develop an abstraction manual and protocol

The investigator also needs to create an abstraction manual to complement the abstraction tool (Allison et al., 2000; Banks, 1998; Schwartz & Panacek, 1996). The manual should outline rules or considerations for abstraction, where to find the information, synonyms that may impact collection, inclusion or exclusionary variable information, guidelines for recording the data, as well as information regarding time frame, dependent questions and negative information.

6. Develop and provide data abstractor training

Data abstractors should have the implicit or specialized knowledge needed for a particular MRR; nonetheless, multiple abstractors will not have exactly the same knowledge base leading to increased inter-abstractor variability (Schwartz & Panacek, 1996; Wu & Ashton, 1997). Also, inter-rater reliability is further decreased if data abstraction and coding is dependent on abstractors making choices or inferences (Wu & Ashton, 1997). If specific implicit knowledge is required of abstractors, abstractors should be chosen based on their education and occupational background. As well, abstractors should be trained in the explicit rules and standards for reviewing the medical charts (Allison et al., 2000; Wu & Ashton, 1997). The content and length of training is dependent on the length and complexity of the MRR.

7. Pilot study the tool

One needs to know if the tool and manual created will work for the data source. The best way to accomplish this is to pilot test the tool and manual before delving into the bigger project (Allison et al., 2000). This will clarify areas for tool and manual improvement.

8. Listen to the opinion of the abstractors

Often the person creating the project is not the one who is collecting the data. In such instances it is the abstractor who becomes the most familiar with the abstraction process. Therefore, it is beneficial to listen to the abstractors' opinions in order to improve the MRR (Allison et al., 2000). Abstractors can offer valuable information regarding the consistency and legibility of the data source, the compliance of the

tool with the data source, as well as the usability and feasibility of the created tool and manual.

9. Utilize the advice of others

In order to create the most reliable and useful MRR, one must acknowledge that he or she can not be an expert in all areas and should be willing to accept the advise and guidance of other professionals, clinicians and experts. Projects may need to rely on the knowledge of other professionals such as medical experts, data analysis personnel, software engineers or information technology experts (Allison et al., 2000). These people should be consulted before and throughout a MRR project.

10. Create guidelines for abstraction process

Other guidelines suggested to ensure continued reliability include keeping accurate records; arranging regular research team meetings and engaging in continual abstractor/abstraction monitoring, especially if

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Guidelines for completing a MRR

1. Define the research question
2. Understand the data source
3. Choose sections of data to review
4. Create an abstraction tool
5. Develop a manual and protocol
6. Develop abstractor training
7. Pilot the tool
8. Listen to abstractor's feedback
9. Utilize advice
10. Create guidelines for abstraction
11. Perform Statistical Analysis

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using multiple abstractors (Allison et al., 2000; Gilbert et al., 1996; Schwartz & Panacek, 1996). Abstraction can be a tedious and tiring process especially if the tool is long or complex. Providing breaks in between consecutive charts can aid in limiting abstraction bias due to fatigue.

11. Perform statistical analysis

Lastly, it is recommended that when using multiple data abstractors inter-rater reliability should be measured either within a pilot study before formal data abstraction or throughout the entire study - preferably both (Allison et al., 2000; Luck et al., 2000; Schwartz & Panacek, 1996; Yawn & Wollen, 2005). This should include qualitative observations of discrepancies and statistical analysis. Common statistics used are percent agreement, Kappa statistics and inter-class correlations (ICC) (Hunt, 1986). For further information on inter-rater reliability statistical analysis please refer to Hunt (1986) or Portney and Watkins (2000, chapter 26).

The key to a high-quality MRR is planning (Panacek, 1997; Wu & Ashton, 1997). However, MRR is very project specific making a "cookbook approach" to individual projects difficult (Allison et al., 2000, p.116). All details should be well planned before data collection begins because any significant changes require that abstraction begin anew (Schwartz & Panacek, 1996).

As a note, this review of guidelines is not exhaustive and readers are encouraged to review research methods textbooks and other readings before commencing a MRR. Readings the authors found helpful were Allison et al.(2000), Banks (1998), Eder et al. (2005), Gilbert et al., (1996), Hess (2004), Schwartz and Panacek (1996), Worster and Haines (2004) and Wu and Ashton (1997).

The MRR is often regarded as an easy, inexpensive and quick research method (Allison et al., 2000; Schwartz & Panacek, 1996). However, while medical records can represent a convenient and accessible source of data that is not available through other research methods (Allison et al., 2000; Horan & Mallonee, 2003; Worster & Haines, 2004), a MRR can be a complex and difficult process (Gilbert et al., 1996; Wu & Ashton, 1997). Researchers and clinicians involved in a MRR need to appreciate the potential limitations and difficulties in order to address them in the design and preparation. Time and effort need to be invested to create a MRR with high quality validity, reliability, and utility, and the aforementioned guidelines can be used to aid the planning of a MRR. This process, however, can also influence how medical records and forms are designed in order to increase the usability of medical records for prospective and retrospective research purposes.

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Collecting occupational therapy stories enriches retirement for Catherine Brackley

Lynn Cockburn

Column Editor: Sue Baptiste

Catherine Brackley

During her career as an occupational therapist working in health promotion and community settings, Catherine Brackley championed older adults' participation in valued, daily activities. Now in her retirement years, she has applied these principles to her new work writing about the history of the occupational therapy profession in Canada. Catherine has found this experience a privilege, as well as a rewarding and exciting learning opportunity.

Catherine's own story writing about occupational therapy history reflects some of her many passions. Early in her life, interest in the occupational therapy profession was piqued; Catherine still has placemats woven by her aunt at Toronto Rehab Centre from when she was a client there over 50 years ago. As an occupational therapist, Catherine's professional work with older adults led to an interest in life stories and history. Often she found that she was the one who encouraged other team members to take the time to understand the importance of an individual's life story.

While working with Canadian Association of Occupational Therapists (CAOT) on a health promotion project, Catherine reviewed the roots of the association and became more committed to learning about occupational therapy history. Around this time, she had an older client who was an occupational therapist and learned about this woman's personal and professional history. As a long-standing member of the Toronto Guild of Spinners and Weavers, Catherine also had an interest in the correlation of Mary Black's career as an occupational therapist to her work as a weaver. Mary Black wrote the book *The Key to Weaving: A Textbook of Hand Weaving for the Beginning Weaver,* which can still be found in most weavers' libraries. Originally published in 1945, this book has been reprinted and the second edition was published in 1980. After she retired (for the second time!), Catherine had the opportunity to learn more about Mary Black, a pioneer occupational therapist well known in Nova Scotia. She enjoyed pouring through archival material, talking with others and reading Mary's writing. Following her research, she wrote a history of Mary's life available on the CAOT website at http://www.caot.ca/default.asp?pageid =1463

Gradually, Catherine became more interested in recording the stories of other occupational therapists. As she says: "Older people have great stories to tell and why should we not get the stories of our own profession? My interest is that so often we are looking at others' stories, and they are important ... but why don't we give occupational therapy some of the credibility and recognition that it deserves? The stories of the work that occupational therapists did are absolutely fascinating!"

Catherine promotes doing historical work to other occupational therapists as a way of getting involved in examining and recording occupational therapy history and encourages occupational therapists to bring their own perspectives to collecting stories. Catherine's involvement with history and the CAOT archives committee is a way for her to stay connected with the profession. Although she did not originally set out to collect history or write about it, she has found after many years of not enjoying writing, that the whole process is actually very pleasurable. Catherine's encouragement to others is "If I can do it, anyone can!"

These are Catherine's tips about getting involved in collecting stories and being a part of occupational therapy history making:

- Choose the occupational therapist or story that you would like to learn about, someone or something that fascinates you. Think about someone whose work you have admired or learned from, an aspect of occupational therapy that you are passionate about or a story that

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Lynn Cockburn is an assistant professor at the Department of Occupational Science and Occupational Therapy, University of Toronto. Lynn has a keen interest in occupational therapy history and has been involved in the CAOT Archives Committee and the University of Toronto History Group. You can contact Lynn at l.cockburn@utoronto.ca

needs to be told. If the individual is still alive, speak with them about your interest.

- Network! Friends and family may assist you with your project. Don't be shy to contact people. Most will be very helpful.
- Keep good records about what you find. Date, file and keep your information (even if it is not well organized). Computers can be helpful, but handwritten notes are fine.
- Look for tools that will help you. For example, the occupational therapy history group at University of Toronto designed a template for a profile which Catherine used to organize the Mary Black story.
- Talk to people about how to get information – learn about sources and archives.
- Consider doing this with a friend who shares your interest.

- Pay attention to the questions that come up as you hear the stories and keep digging deeper to look for answers.
- If you don't find the writing easy, don't worry about it. Just get it down. Accept the help of a good editor!

Catherine has found through her own experience that the occupation of writing occupational therapy history is a very exciting process and she can hardly wait to hear the stories that will be collected in the next few years. As an occupational therapy community, let us join in her enthusiasm!

Interested in writing about our occupational therapy history? You can write to Sue Baptiste, the column editor for the OT Then column with your story ideas or questions. Sue's e-mail address is sbaptiste@mcmaster.ca

Meet Tricia Morrison – Occupational therapist, business owner, mentor, researcher, wife and mother

Column Editor: Lorian Kennedy

Erica Lyle, CAOT Communications Coordinator

These are just a few of the words that describe one of the 2007 Ottawa Business Journal's Forty Under 40 Award recipients. Tricia Morrison, owner of Tricia Morrison Occupational Therapy Professional Corporation, is in good company. Among the winners of this year's award recognizing Ottawa's professionals and entrepreneurs are CEOs, lawyers, accountants, media directors, fitness gurus, a martial arts professional and a restaurant owner. Award recipients, who must be under the age of 40, are honoured for their career accomplishments, professional expertise and community involvement.

Inspired by her mother, who worked with disabled children, Tricia Morrison knew she wanted to be a self-employed therapist. "Helping people to get back to what is meaningful to them is what motivates me, and I much prefer working in the community," she said. "Meeting clients in their own environment helps me to better assess their needs, rather than in a clinic where there are restrictions."

Tricia hung up her shingle and opened her private practice in 1997, four years after earning her Bachelor of Science in occupational therapy from McGill University. For three years she worked long days and spent many hours on the road. "I really had no intention of hiring anyone, but an occupational therapist approached me about joining my practice," she said. "After repeatedly rejecting the notion of bringing someone else into my business, the birth of my daughter in 2001 finally made me realize that I couldn't continue working such long hours." It was then that she hired her first occupational therapist.

Fast forward to 2007 and Tricia now employs nine occupational therapists who offer community-based services throughout eastern Ontario and western Québec including Ottawa, Kingston, Brockville, Cornwall, Pembroke and Gatineau. She provides services in both official languages and her business covers the regulatory fee required for the therapist working in Québec. The team approach works well for staff. "Being part of a team allows us the flexibility in our workload," Tricia noted. "We're able to choose the number of hours we want to work and schedule our clients' appointments around family responsibilities."

Working apart does have its challenges, such as how to stay in touch with each other. The group of therapists meets formally once a month to share information, and Tricia connects with each member of her team on a daily basis and meets with them weekly. She attributes her success to the wealth of their combined experience and the knowledge they gain from each other. "The strength of the team is my proudest professional accomplishment. I am privileged to work with such a dedicated group of therapists," she said.

Of particular interest is the collaborative partnership that Tricia's company has within the Ontario OT Alliance – a group of five independently-owned occupational therapy companies that represent over 35 therapists in distinct geographic regions of Ontario. The Alliance services the insurance industry and allows occupational therapists who work at a distance from one another to share ideas, information and resources.

Photo courtesy of the Ottawa Business Journal

Tricia Morrison accepting her Forty Under 40 Award from the Ottawa Business Journal.

Approximately 60% of Tricia's business is conducting examinations for insurers as per the Statutory Accident Benefits Schedule governing motor vehicle accidents in Ontario. A benefit of being a member of the Ontario OT Alliance is that the Alliance is on several insurers' lists due to the size, coverage and expertise offered by the large group of therapists. Other companies also have Tricia Morrison Occupational Therapy Professional Corporation on their list for assessments in eastern Ontario. Conducting these independent assessments has not only allowed her business to sustain itself, but has caused it to continually expand. The remainder of Tricia's company's business comes from specific client requests for treatment, referrals from other healthcare professionals, as well as lawyers.

Since completing her Master's degree in education from University of Ottawa in 2003, Tricia has been working on her PhD, conducting a research study to "investigate the correlation between effective therapeutic relationship and improved functional outcomes."

Tricia lives in a serene country setting with her family in a sprawling bungalow built by her husband,

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ERICA LYLE is the CAOT Communications Coordinator. You may reach Erica at 613-523-2268 ext.225 Toll Free: 1 (800) 434-2268 or at her e-mail address: communication@caot.ca .

approximately 30 minutes southeast of downtown Ottawa, near Metcalfe Ontario. The travel associated with providing community-based services gives Tricia "thinking time." "To be the most productive and efficient I organize my time into travel days and office days," she explained. "I don't really mind the travel. It gives me time for problem solving."

The OBJ's Forty Under 40 Award recipients were honoured at a gala on June 21st celebrating the accomplishments of the young business leaders. Yet Tricia remains humble. "The benefit of this award is the recognition that it gives to occupational therapy," she said. "It brings occupational therapy into the mainstream and holds up the values and benefits of our profession."

For more information about Tricia Morrison Occupational Therapy Professional Corporation, visit www.tmotpc.com or to learn about the Ontario OT Alliance go to www.otalliance.ca. A complete profile of the OBJ's Forty Under 40 Award recipients can be found at: www.fortyunder40.com

Do you know of an occupational therapist who has recently been "in the news?" If so, we would love to hear from you! Please send your ideas for people to feature in *OT Now* to: Erica Lyle, CAOT Communications Coordinator at communication@caot.ca

Highlights from the November 2007 CAOT Board meeting

Erica Lyle, CAOT Communications Coordinator

Members of the Canadian Association of Occupational Therapists (CAOT) Board gathered in Toronto for a two-day meeting on November 23 and 24. Prior to the meeting, the Board met with the Canadian Occupational Therapy Foundation (COTF) Board for a collaborative session on fundraising. A Canadian Institute for Health Information (CIHI) presentation on *Workforce Trends of Occupational Therapists* was provided at a CAOT wine and cheese member reception on the same day. Highlights of the board discussions included the following:

Finances and budget

- The Secretary/Treasurer provided a positive financial report. Year-end financial results indicated higher than anticipated revenues, primarily as a result of increased membership, the success of Conference 2007 and one-time externally funded projects. Audited financial statements for the 2006-2007 fiscal year will be available to members in 2008.
- The Board will propose that CAOT membership fees remain unchanged for the next membership year at the 2008 Annual General Meeting.
- The proposed budget for the operating year 2008-2009 was received by the Board.
- Several strategic and operating budget proposals were approved that will provide funding for a number of special initiatives (see below).

Special initiatives

As a result of the positive year end results and surplus funds, the Board approved the following special initiatives:

- One-time donation to the World Federation of Occupational Therapists.
- Access to the Cochrane Library as a member service.
- Face-to-face meeting of the Academic Credentialing Council Indicator Working Group.
- Development of a *Practice Profile for Support Personnel*.
- Retaining a government relations consultant for increased advocacy.
- Revision of the national certification examination blueprint.

Reports

- Canadian Policy Research Network, a non-profit "think tank", presented the CAOT commissioned environmental scan on health policy in areas relevant to occupational therapy. A copy of this report is available on the CAOT website. Areas identified for advocacy will be addressed by the newly appointed government relations consultant.
- The report developed from the Professional Issue Forum in St. John's on *Access to Occupational Therapy Services* was approved and is posted on the CAOT website at http://www.caot.ca/default.asp?pageid=2159.
- The report on the internationally educated occupational therapists *Access and Registration Framework Project* was received by the Board and has been posted to the CAOT website. This report is an outcome of a project funded by the Government of Canada's Foreign Credential Recognition Program and was completed in partnership with the Association of Occupational Therapy University Programs and the Association of Occupational Therapy Regulatory Organizations.
- The Board approved the revised position statement on support personnel and this will be posted to the CAOT website.

Policy

- The Board approved the following revised or proposed policies:
  - * Ends policies
  - * Cost recovery products and services
  - * Column editors
  - * Recruitment and selection of chair
  - * Examination bank
- The Board approved the Revised Terms of Reference for the Academic Credentialing Council and the Certification Examination Committee.

Appointments

- Isabelle Matte was appointed as Chair-Elect of the Certification Exam Committee.
- Shaniff Esmail was appointed as Chair-Elect of the Academic Credentialing Council.

Welcoming new staff to CAOT

Erica Lyle, CAOT Communications Coordinator

CAOT would like to introduce several new staff members who joined us over the past year. Each of these people enriches our organization with a wealth of experience and enthusiasm. A warm welcome to all!

Janet Craik joined CAOT in January 2007. Janet graduated from Queen's University with a BSc (OT) and a Masters in Rehabilitation Science from the University of Toronto. She is registered with the New Brunswick Association of Occupational Therapists. Janet is very excited to be part of the CAOT team as the Professional Education Manager.

Suzanne Kay joined CAOT as a permanent staff member in August 2007 as the Education Administrator. She has over 25 years of experience in office administration, client relations and web management. Educated in Québec, Suzanne is fully bilingual.

Cheri Fraser joined CAOT in March 2007 as Membership Services Manager. She has previous association experience as Membership and Communications Coordinator for the Canadian Aeronautics and Space Institute. Prior to that, she worked in property management for the Ontario government and document co-ordination for T-Base Communications. Cheri graduated from the Public Relations program at Algonquin College in 2003 and the Broadcast Journalism program at Loyalist College in Belleville in 1998.

Erica Lyle joined CAOT as a permanent staff member in March 2007. She brings many years of communications experience to her position as Communications Coordinator. Erica has worked in communications for a variety of industries including high tech, power generation and police services. Erica earned her Bachelor of Arts in English from Carleton University.

Photo credit: Thank you to A. Neil Craik and Anick Flynn for providing these photographs.

Christina Hatchard joined CAOT as Finance Manager in June 2007. She previously worked in both the insurance and non-profit sectors. She earned a Bachelor of Commerce, Specialization Accounting from the University of Ottawa and attained her Certified Managerial Accounting designation in 2005.

Update from the COTF

CANADIAN OCCUPATIONAL THERAPY FOUNDATION
To fund scholarship and research

Upcoming Competitions

February 15
• COTF / CIHR Institute of Aging Studentship
  (1 x $4,950) (applicants must apply through CIHR IA)

February 28
• COTF Research Grant
• COTF Critical Literature Review Grant
• Isobel Robinson Historical Research Grant
  (1 x $2,000)
• J.V. Cook and Associates Qualitative Research Grant
  (1 x $1,500)
• Roulston / COTF Innovation Award
• SickKids Master's Scholarship - $5,000 (COTF is partnering with SickKids whereby each organization is offering $2,500 towards this scholarship – last time being offered! Applicants must apply through SickKids.)

March 1
• COTF / CIHR Institute of Aging Travel Award
  (1 x $1,000) (applicants must apply through CIHR IA)

For details and application forms, see the awards section at www.cotfcanada.org.

COTF's 25th anniversary!

Stay tuned! COTF will be undertaking a fundraising event in the New Year to mark its 25th anniversary, May 17, 1983! Everyone is encouraged to participate in order to support research and scholarship funding for occupational therapy in Canada.

Remember to update your COTF contact information

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

Your support counts!

COTF sincerely thanks the following individuals, companies and organizations for their generous support during the period of August 1 to September 30, 2007. For those whose names do not appear in this listing, please see the next issue of *OT Now*.

Sue Baptiste
Lisa Barthelette
Jeff Boniface
Jane Bowman

Deb Cameron
Donna Campbell
Anne Carswell
Christina Ching Yee Fung
Mary Clark

Sandy Daughen
Johanne Desrosiers

Patricia Erlendson

Margaret Friesen

Karen Goldenberg

Susan Harvey

Paramjit Kalkat

Lori Letts

Mary Manojlovich
Katherine McKay
Diane Méthot
William Miller
Jan Miller Polgar

Elizabeth Reid
Gayle Restall
Jacquie Ripat
Annette Rivard

Debra Stewart
Thelma Sumsion

Barry Trentham

Irvine Weekes
Muriel Westmorland
Seanne Wilkins

1 anonymous donor

CAOT endorsed courses
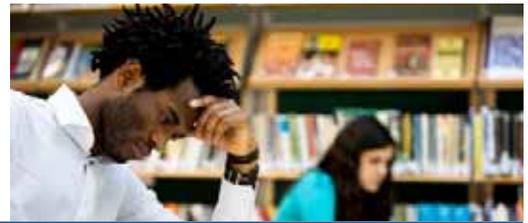
CO-HOSTED WITH CAOT

June 12-14

CAOT 2008 Conference: Exploring the frontiers of occupation

Whitehorse, Yukon
Tel: (800) 434-2268 ext.236
E-mail: conference@caot.ca

ENDORSED BY CAOT

24th International Seating Symposium

Vancouver, BC
March 5 - 8, 2008
For information: http://www.interpro-fessional.ubc.ca/24th_Seating.htm
Contact: Elaine Liau at liau@inter-change.ubc.ca

Choose to Learn

Picky Eaters vs. Problem Feeders: The SOS Approach to Feeding

April 23 to 25, 2008
Nouvel Hotel, Montreal, QC
Contact: Caroline Hui
Tel: (450) 242-2816
Fax: (450) 242-2331
E-mail: info@choosetolearn.ca

Myofascial Release Seminars
Cervical-Thoracic Myofascial Release
Myofascial Mobilization
Myofascial Release I
Myofascial Release II
Fascial-Pelvis Myofascial Release
Myofascial Unwinding
Pediatric Myofascial Release

2 or 3 day seminars in various locations. Offered between January and July 2008

Instructor: John F. Barnes, PT
Contact: Sandra C. Levengood
222 West Lancaster Avenue,
Paoli, PA 19301
E-mail:
paoli@myofacialrelease.com
Website:
www.myofascialrelease.com

CANADIAN HEALTHCARE ASSOCIATION

Risk Management and Safety in Health Services

Course starts every September.
Modern Management
Correspondence course
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

University of British Columbia and McMaster University Post Professional Graduate Programs in Rehabilitation Sciences

Courses offered twice a year: 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: info@mrsc.ubc.ca or tryssen@mcmaster.ca
Tel: (604) 822-7050
Websites: http://www.mrsc.ubc.ca
or www.fhs.mcmaster.ca/rehab/

Dalhousie University Series:
Advanced Research Theory and Methods for Occupational Therapists
OCCU 5030
January - April 2008
Instructor: Dr. Grace Warner

Program Evaluation for Occupational Therapists
OCCU 5043
January - April 2008
Instructor: Jocelyn Brown

Identity and Transitions
OCCU 5040
Spring/Summer 2008
Instructor: Jocelyn Brown
Contact: Pauline Fitzgerald
Tel: (902) 494-6351
E-mail: p.fitzgerald@dal.ca

McGill University
School of Physical and Occupational Therapy
Graduate Certificate in Assessing Driving Capabilities
* POTH-673 Screening for at Risk Drivers (winter);
* POTH-674 Assessing Driving Ability (summer);
* POTH-675 Driving Assessment Practicum (fall)
* POTH-676 Adaptive Equipment and Driving (winter/spring);
* POTH-677 Retraining Driver Skills (summer/fall).
Tel: (514) 398-3910
E-mail: admissionsmcgill.ca
Website: http://www.mcgill.ca

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