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OCCUPATIONAL THERAPY·NOW

may/june 2008 • VOLUME 10 • 3

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ISSN: 1481-5532 CANADA POST AGREEMENT #40034418

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Occupational Therapy Now is published 6 times a year (bimonthly beginning with January) by the Canadian Association of Occupational Therapists (CAOT).

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Students as translators for the Canadian Model of Occupational Performance and Engagement

Cynthia Zhang, Carly McCarthy and Janet Craik

Column Editor: Heidi Cramm

In the January 2008 issue of *Occupational Therapy Now*, the first of a series of articles introduced the new Canadian guidelines for occupational therapy entitled: *Enabling Occupation II: Advancing an Occupational Therapy Vision for Health,Well-being,& Justice Through Occupation* (Townsend & Polatajko, 2007). The article informed readers about how this edition of the eighth Canadian guidelines were written with a national advisory panel, input through forums and over 60 perspectives from across Canada. This second article will introduce occupational therapists to the Canadian Model of Occupational Performance and Engagement (CMOP-E) (Polatajko, Townsend & Craik,2007) and profile the role of students as translators for the model.

Introducing the CMOP-E

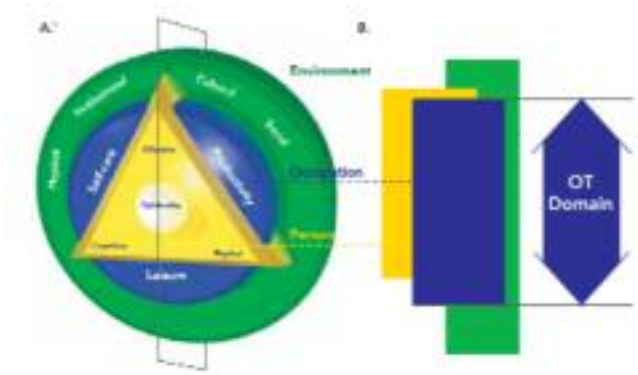
Since 1997, the description of the primary role of occupational therapy has been to enable occupation (Canadian Association of Occupational Therapy [CAOT], 1997, 2002). Enabling is the therapy, the special ways occupational therapists work with people and occupation is the central domain of concern around which enabling takes place. Occupational therapists work with a very broad definition of occupation. The definition in the 2007 guidelines is as follows (excerpted from *Enabling Occupation*, CAOT, 1997) :

> Occupation refers to groups of activities and tasks of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity). (Townsend & Polatajko, 2007, p. 369)

Definition of the CMOP-E : An extension of the 1997/2002 conceptual framework that describes occupational therapy's view of the dynamic, interwoven relationship between persons, environments and occupations; engagement signals occupational therapy interests that include and extend beyond occupational performance over a person's lifespan and in diverse environments. (From the glossary of *Enabling Occupation II*, pg. 364)

Occupational therapists, like many other professionals, use models to organize thoughts around core constructs. The Canadian Model of Occupational Performance (CMOP) was first published in the guidelines *Enabling Occupation: An Occupational Therapy Perspective* (CAOT, 1997). The CMOP specified three core constructs of interest for the profession of occupational therapy: occupations, persons and environments, and portrays occupational performance as a result of the dynamic interaction of these (CAOT, 1997, 2002) (see Figure 1, part A).

Figure 1: The CMOP–E: Specifying our domain of concern



A. Referred to as the CMOP in Enabling Occupation (1997a, 2002) and CMOP-E in *Enabling Occupation II*
B. Trans-sectional view
Polotajko, H.J., Townsend, E.A., Craik, J. (2007). Canadian Model of Ocupational Performance and Engagement (CMOP-E) in *Enabling Occupation II*, page 23.

Over the past decade, the CMOP image became very familiar to occupational therapists and played an important function in shaping our occupational perspective nationally and internationally. However, questions remained such as what is our core domain of concern? And what makes occupational therapy different from other professions such as sociology, geography and environmental psychology that also look at the interplay between humans, their surroundings and functioning in society? A critical review of the CMOP led to the portrayal of a trans-sectional view (see Figure 1, part B). The trans-sectional view of the CMOP can be used to show the following:

Occupation is of central interest and delimits our concern with persons and environments. The transverse view – with occupation front and centre – presents occupation as our core domain of interest, showing that we are primarily concerned with human occupation, and the connections with the occupational person and the occupational influences of the environment; those aspects of person or environment that are not related to occupation are beyond our scope (Townsend & Polatajko, 2007, p. 24).

An occupational therapist working with a client who recently experienced a stroke and has a history of diabetes needs to focus on occupations that the client wants/needs to engage in, family/community and societal environmental factors that may influence occupational engagement and aspects of the person, including those resulting from the diabetes and stroke that may influence occupational engagement. The occupational therapist does not require a complete knowledge of endocrinology and neurology to enable occupation for this client. However, it is imperative that the occupational therapist understands how the client's current and potential body and system impairments and the sociocultural and geographic context may impact occupational engagement.

As illustrated in *Enabling Occupation II*, to have occupations is not the same as to perform occupations. Furthermore, humans frequently engage in occupations without performing them. In *Enabling Occupation II*, the focus of the CMOP on performance alone is critiqued as only a segment of our concern with human occupation as described in the following exerpt:

> Beyond occupational performance, occupational therapists are also interested in other modes of occupational interactions. Among these are occupational behaviour, occupational capacity, occupational competence, occupational development, occupational engagement, and occupational history ... Occupational engagement captures the broadest of perspectives on occupation ... engage encompasses all that we do to involve oneself or become occupied; participate .... Today, occupational therapy concerns are congruent with the broad meaning of occupational engagement (Townsend & Polatajko, 2007, p. 24).

To elaborate, our concerns with human occupation are not only regarding the actual performance of an occupation, but also with the level of importance it holds or the degree of satisfaction it brings to the individual, family, group or organization. Occupational therapists are also concerned with potential and possibilities for occupational engagement as afforded by occupation-person-environment interactions. The familiar CMOP now becomes the CMOP-E with the added word – engagement - to extend our occupational perspective.

"The familiar CMOP now becomes the CMOP-E with the added word – engagement - to extend our occupational perspective."

Translating the CMOP-E to practice

The literature proposes that engaging students as translators of new knowledge may be an effective method to facilitate knowledge translation (Harrison, 2000). Although students do not have a lot of experiential knowledge, they have a unique skill set to offer. Students have a firm grounding in current theories and models, access to library resources and scholastic expertise and the ability to provide a fresh perspective, thus making them a possible bridge for integrating new knowledge with practice (Harrison, 2000). It is beneficial for occupational therapy practitioners and students to combine efforts to facilitate the translation of new knowledge into practice and specifically in this instance, answer the two questions: how do I ensure my practice is occupation-based and how can the Canadian Model of Occupational Performance and Engagement (CMOP-E) be applied in practice?

Carly McCarthy and Cynthia Zhang are students in the Master of Science (Occupational Therapy) program at Dalhousie University. They are completing an applied research project that emphasizes knowledge translation through educational program development and evaluation with Dr. Elizabeth Townsend. Their project is examining how occupational therapists respond

About the authors –
Carly McCarthy, is a second year Master of Science (Occupational Therapy) student at Dalhousie University. Carly has had previous experience working with children with disabilities and completed her first placement in rural community mental health.
Cynthia Zhang is a second year Master of Science (Occupational Therapy) student at Dalhousie University. Cynthia has had previous experience working in vocational rehabilitation, geriatrics and community occupational therapy.
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to a workshop on integrating theory and practice using the new guidelines. To that end at Dalhousie University on Wednesday, November 28, 2007 they organized an *Enabling Occupation II* two-hour workshop, an accompanying workbook and a workshop feedback survey. Over 30 occupational therapists from the Halifax Queen Elizabeth II Health Sciences Centre attended the workshop. The students will use the feedback to revise their work and present it again to refine their knowledge translation skills.

During the workshop, student presenters discussed the importance of occupation-based practice and the necessity of integrating theory with practice. Occupational therapists were interested in how the CMOP-E changed from the CMOP and how to apply it to practice. In one exercise, participants worked in pairs with cases from their own workloads. The students introduced the updated model and guided practitioners to reflect on their cases with reference to the CMOP-E. Practitioners identified their clients' occupational performance and/or engagement issues encountered in practice. This exercise intended to bring occupation to the forefront and ignite critical dialogue about how to make enabling occupation more visible and explicit.

The interaction of students and practitioners was stimulating and thought-provoking. Practitioners spoke of their clinical experience and knowledge, while the students asked questions about how they might apply the CMOP-E. Occupational therapists highlighted challenges with clients identifying occupational performance and/or engagement issues. At times participants reported that seeing the big picture could bring occupation to the forefront, but occupation could easily be missed in the smaller details of daily practice. The workshop sparked discussion among participants about occupation-based practice in a way that educated the students and furthered their skill application.

Enabling Occupation II presents the transverse view of the CMOP-E to define and delimit occupational therapists' domain of concern as human occupation. The workshop discussion of the CMOP-E emphasized our scope of concern beyond occupational performance and the opportunities to further develop our occupational perspective to include the broad construct of occupational engagement. Student facilitators were ideal translators of the new ideas encountered in *Enabling Occupation II* and other academic texts, while they also recognized the challenges and opportunities faced by practitioners.

"The familiar CMOP now becomes the CMOP-E with the added word – engagement - to extend our occupational perspective."

Your feedback is welcome at *OT Now* and on the CAOT website's *Enabling Occupation* public discussion board. We would love to hear comments on the question: How might occupational therapists use the CMOP-E to profile our focus on and domain of concern in occupation, occupational performance, occupational engagement and other occupational constructs?

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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Working together through innovative practice: Interprofessional clinic receives top marks

Erica Lyle

Using a team approach to teaching while providing community health care services just makes sense to Dr. Claire-Jehanne Dubouloz, Associate professor of Occupational Therapy at the University of Ottawa, Associate Dean of the Faculty of Health Sciences and Director of the School of Rehabilitation Science. Dr. Dubouloz envisioned this team approach in action when she played an integral role in the opening of the groundbreaking University of Ottawa Interprofessional Rehabilitation University Clinic in Primary Health Care in 2006.

Dr. Dubouloz's aim was to match educational programs' need for French language health care fieldwork placements in the Ottawa region with the rehabilitation needs of the local francophone population. This initiative employs the Social Participation Perspective of Health (Disability Creation Process Model) (Fougeyrollas, Cloutier, Bergeron, Côté & St. Michel, 1998) and offers students in different health care programs the opportunity to learn each other's roles and responsibilities using a collaborative approach. "I didn't know that occupational therapists visit their clients' kitchens to assess their daily living needs!" one student at the clinic remarked. Moments of realization like this show why an interprofessional collaborative approach to teaching and providing primary health care services is key to advancing education and training.

"Before we opened the clinic each educational program tended to teach in isolation," Dr. Dubouloz says. "Through a placement at this clinic, students become aware of what the others are thinking and doing. The clinic's collaborative environment encourages interaction with one another and clients and their caregivers receive one-stop care. It's win-win."

Answering a need

The clinic, located on the University of Ottawa campus, addresses a lack of accessibility to French language rehabilitation services in the Ottawa region. "We answered a need in the community," says Dr. Dubouloz. "Before, clients could be waiting up to six months to see a clinician or receive service at home."

During the initial stages, the clinic has focussed on treating school-aged children with mild impairments that limit participation at home and school, as well as adults aged 50 and over with physical limitations due to chronic disease. Care also extends to family members and caregivers who help with home programs.

"Before we opened the clinic each educational program tended to teach in isolation," Dr. Dubouloz says. "Through a placement at this clinic, students become aware of what the others are thinking and doing. The clinic's collaborative environment encourages interaction with one another and clients and their caregivers receive one-stop care. It's win-win."

By the end of the clinic's first year, it had served over 90 clients free of charge with 22 more being placed on a waiting list. Clients access the clinic through various channels. A few come through word of mouth, but most are referred either by colleagues working in hospitals or by Community Care Access Centres or local school boards who are familiar with the unique service the clinic provides. It is anticipated that by the close of the 2007-2008 school year, the number of clients will have almost doubled.

Dr. Claire-Jehanne Dubouloz played a key role in opening the Interprofessional Rehabilitation University Clinic.

Integrated education in French

Embodying Dr. Dubouloz's original vision, the clinic attracts francophone students who seek integrated training and fieldwork assignments in their own language. Student placements last from one to twelve weeks in one of eight different disciplines, including audiology, occupational therapy, medicine, speech-language pathology, physiotherapy, nursing, kinesiology and social work. Soon a ninth discipline, nutrition, will join. Students provide services under the supervision of regulated health professionals who work alongside them to guarantee quality of care and relevance of learning opportunities.

Evaluating life habits

Care at the clinic is determined by evaluating the client's life habits, using a process known as Life-H Evaluation (Fougeyrollas et al, 1998). This evaluation examines life habits not realized and perceived by the client as meaningful and important. Once barriers to participation are identified, the impact of these limitations is determined and a plan for interprofessional intervention of treatment is recommended using a team approach.

Collaboration and coordination

In the clinic's first year, 75 students had the opportunity to learn in the interprofessional environment. Students are really pushed to the limit in this program, says Dr. Dubouloz. Not only are they responsible for their own professional learning, but they are also involved in and must recognize, value and trust in each other's roles and responsibilities. To work together successfully, students must demonstrate a willingness to collaborate, communicate and be respectful during clinical interventions. "Students are generally very curious but also careful not to walk on someone else's turf," Dr. Dubouloz explains. "They learn quickly to work with students from other professions and with preceptors who are not from their own discipline." For each client assessment, a preliminary evaluation is carried out to match the needs of the client with at least two to three individuals assigned to participate in the client's visit.

Coordinating the clinic is no small feat. Strong management skills are required and occupational therapist Jacinthe Savard keeps the clinic's program on track. Currently completing her PhD in community health, Ms. Savard juggles the timetables of students, clinicians, clients and professors from eight different programs or schools. She manages a dedicated team of clinician-educators who assist or supervise students during direct or indirect services, while grabbing any opportunity to enhance the quality and depth of learning experiences.

Future hopeful

To date, this interprofessional clinical program has had strong financial support from all levels of government. The clinic's mission responds to the Ontario government's strategy of developing Interprofessional Education for Collaborative Patient-Centred Practice,

"Students are really pushed to the limit in this program. Not only are they responsible for their own professional learning, but they are also involved in and must recognize, value and trust in each other's roles and responsibilities."

which promotes collaborative learning among health care providers to ensure comprehensive transfer of knowledge within the health care system. The clinic has also received funding from the University of Ottawa's Faculty of Health Sciences, the Consortium national de formation en santé (CNFS), and Health Canada's la Société santé en français, a program to develop health services in French. Collectively they have provided the clinic with more than $1.6 million.

"Our strategies are clearly aimed at where our vision can get funding," Dr. Dubouloz says. The university has been very supportive and interested in the success of the clinic. Funding for the project has been extended for an additional three years and CNFS is pleased that the clinic has contributed to the federal government's mission to train francophones outside of Québec.

Dr. Dubouloz's innovative approach to providing advanced learning opportunities, primary health care to the community as well as research on interprofessionalism has not gone unrecognized. In September 2007, the Ottawa Centre for Research and Innovation (OCRI) honoured her with its Health Innovation Award. The OCRI Life Sciences Achievement Awards recognize outstanding achievements in Ottawa's life sciences sector. The Health Innovation Award acknowledges an individual in the health care system that comes up with an idea, improvement or inven-

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tion that significantly impacts health care.

Proponents of the clinic have their sights firmly set on the future of this program. By next year the clinic will include services involving nutrition and, depending on funding, will expand its treatment to clients outside the Ottawa region. The next phase will assess the possibility of developing a research centre, increasing the number of primary health care services offered to clients, offering more French language placements to students, and improving the quality of services and clinical education. It's no wonder that other Canadian universities have expressed an interest in developing a similar program.

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Free access to Cochrane Library for CAOT members

Mary Egan

When I learned that the Canadian Association of Occupational Therapists was providing members with free access to the Cochrane Library I could not contain my excitement. Now, before you send me for an urgent occupational therapy evaluation of my occupational balance, please hear me out. I am sure you will share my enthusiasm on hearing of the riches contained in this new members' benefit.

Best possible evidence

The Cochrane Library is an electronic database of systematic reviews of the effectiveness of different types of health care interventions. For those new to the lingo, systematic reviews are rigorously produced evaluations and syntheses of all studies that address a particular research question. To date, most of these questions relate to the effectiveness of particular treatments for specific health problems.

Since the writers are extremely thorough in their search for relevant studies and because the methods used to develop these reviews are so meticulous, the conclusions of these reviews are considered the best possible evidence for determining the effectiveness of an intervention. So, for example, if you want evidence to demonstrate to funders that occupational therapy has been proven to help individuals with rheumatoid arthritis carry out daily activities with less pain, look no further than the Cochrane reviews. Here you will find evidence of this in a systematic review of occupational therapy for rheumatoid arthritis (Steultjens et al., 2004).

This is your starting point for searching the Cochrane Library.

Many Cochrane reviews also include information regarding the relative merits of related interventions. For example, an occupational therapist looking to recommend the best possible mattress for the prevention of pressure sores will find "head to head" comparisons of different types of mattresses along with an excellent estimate of the overall effectiveness of specialized mattresses compared to standard hospital mattresses in the prevention of this problem (Cullum, McInnes, Bell-Syer & Legood, 1998).

"Since the writers are extremely thorough in their search for relevant studies and because the methods used to develop these reviews are so meticulous, the conclusions of these reviews are considered the best possible evidence for determining the effectiveness of an intervention."

Cochrane Review Groups

Each Cochrane review is produced by groups of researchers and clinicians who form a clinical question and then work with one of the over 50 Cochrane Review Groups to register their title, develop the protocol for their review, complete the review process and update the review as necessary (http://www.cochrane.org/contact/entities.htm#CRGLIST). CAOT members might be interested in browsing a group's reviews or even working with a group to develop a Cochrane review of their own!

As well, each Cochrane Review Group posts both the titles and the protocols of proposed reviews from the time these are accepted. Reviews can be rather labour-intensive, so CAOT members finding planned reviews of topics of great interest to them may wish to contact the review author and offer their help in the review

About the author – Mary Egan, PhD, OT Reg. (Ont) is the CAOT Representative to the Canadian Cochrane Network and Centre. She is Associate Professor in the School of Rehabilitation Sciences at the University of Ottawa. You may contact Mary at: megan@uottawa.ca

One of the many systematic reviews now available for free to CAOT members.

process. As a review author, I can tell you that this would probably be most welcomed.

Wealth of information

The Cochrane home page contains a wealth of information for new users. As well, if you have tried to access reviews in the past and found them a bit overwhelming, you may want to look again. A lot of recent effort has gone into making reviews much more user-friendly. Each review now contains a plain language summary, making the essential review results quickly accessible. Some recent reviews are also available as downloadable podcasts.

To access the Cochrane Library, go to the Member's Area Login on the CAOT home page and then click on Information Gateway on the left hand side of the screen. You will find the link for the Cochrane Library on the right hand side of the next screen.

Happy reading and/or listening to this super new member resource!

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Posters: A great option for conference presentations!

Mary Manojlovich

Are you thinking about submitting an abstract to present at the Canadian Association of Occupational Therapists (CAOT) conference in Ottawa in 2009? Have you considered a poster format for your presentation? Posters are an excellent vehicle for presenting certain types of information and have a greater possibility of being successful in the abstract selection process.

Each year, the CAOT Scientific Program Committee receives far more abstracts for paper presentations than for poster presentations even though there are an equal number of slots for each type of presentation format at conference. For example, in 2007 the committee received 230 paper submissions for a possible 88 slots, but only 60 poster submissions for a possible 88 slots. Part of the review process is to screen paper submissions as potential poster presentations.

Presentation options

Prospective presenters should carefully weigh the pros and cons of each of the three types of presentation format options before making their final choice. A poster is a graphic representation of your topic. It is prepared in advance, to specific size requirements as laid out on the CAOT website (www.caot.ca), and displayed in the poster area of the conference site for an entire day of conference. Poster presentations are allotted a 25-minute time slot for a brief, usually informal and interactive presentation with questions and discussion. A paper presentation is a formal 20-minute presentation using a PowerPoint to an audience in a classroom type setting, followed by a five-minute discussion. The third option for presentation, for which there are many fewer slots, is an extended session. The extended session is 55 minutes long, including a presentation of 15 - 20 minutes, followed by a 15 to 20-minute facilitated session in which the audience engages in an activity, typically followed by feedback and discussion.

When to choose posters

Many types of presentations are better suited to a poster format than to either a paper or an extended session format. It is not unusual for an abstract reviewer to suggest that the objectives stated in a paper abstract would be better served in a poster presentation.

"Posters are an excellent option to present quantitative data. Delegates can take as much time as they wish to review and digest the information rather than the brief glimpse of data that is often offered during a paper presentation."

Posters are an excellent option to present quantitative data. Delegates can take as much time as they wish to review and digest the information rather than the brief glimpse of data that is often offered during a paper presentation. Poster presentations may be the best choice to present a narrow topic or a very specialized topic which will likely appeal to a small but passionately interested audience.

Posters may also work well when the topic or area of research is relatively novel or obscure. This format provides a means to introduce the theme to conference delegates and perhaps, lead to a paper presentation or an extended session the following year at conference.

Poster presentations are an excellent way to reach a large audience.

Informal and intimate

Many delegates prefer to participate in poster presentations. They enjoy the relative informality of the presentation, the enhanced opportunity for questions and discussions and the opportunity to network with like-minded colleagues. The more relaxed and intimate environment allows greater interaction between the presenter and the delegates who are interested in the topic. Many delegates make a point of browsing the posters each day. It is an excellent way to sample information on a range of topics and to be exposed to knowledge in an area that may be new to you.

Poster presentations may provide a less intimidating option for first time presenters. The bulk of the work occurs in preparing the poster before the conference, and the more casual presentation style is likely to be less anxiety provoking at conference.

About the author – **Mary Manojlovich** is the current chair of the Canadian Association of Occupational Therapists Scientific Program Committee. You may contact Mary at: mary.manojlovich@easternhealth.ca

Larger audience

Although there is a designated time for the presenter to speak to the contents of the poster, it is on display for the entire day and thus may reach a larger audience than would a 25-minute paper presentation. Many poster displays include handouts and business cards to encourage delegates to share the information with colleagues, or, perhaps, make a follow-up contact.

After the conference is over, the poster can be displayed in a public area, thereby providing the opportunity to share the information with a broader audience, increase awareness of the work or research being carried out by occupational therapists, and encourage other clinicians or students to participate in scholarly work.

Process is well-outlined

The process of creating a poster is well outlined in the *CAOT Presenter's Handbook* (Croskery & Nance, 2007) available in the conference section on CAOT's website (www.caot.ca). The handbook suggests various software programs and formats that can be used. Many organizations have resources to assist in the design and creation of posters. The print shop or continuing education department may be good places to inquire about organizational resources.

A poster presentation may be the best option to present your research, practice or educational knowledge at conference. Careful consideration of your topic, the type of data you will be presenting, the potential audience, and your own goals for presenting will assist you in determining the most appropriate format. The various resources provided in the conference section on the CAOT website will assist you in creating an informative abstract best suited to your topic that will be rated favorably be reviewers, and will most effectively present your topic at conference.

"Poster presentations may provide a less intimidating option for first time presenters. The bulk of the work occurs in preparing the poster before the conference, and the more casual presentation style is likely to be less anxiety provoking at conference."

Resources

Croskery, M. & Nance, M. (2007). *Canadian Association of Occupational Therapists presenter's handbook*. Retrieved January 30, 2008 from http://www.caot.ca/default.asp?pageid=2215

Occupational therapy: Paving the way for accessibility on campus

Derek Adam, Diana Cornelisse, Johanna Harding, Jane Zambon, Sue Baptiste and Elizabeth Steggles

Introduction

We are four student occupational therapists about to embark on the journey of becoming practising occupational therapists, but before we do, we would like to leave behind a few thoughts from our final practicum placement. Here is our story.

Our final placement took place during the summer of 2007. It was termed "role-emerging", meaning that we were responsible for paving the way for a new role for occupational therapists in a specific sector. The sector, in our case, was accessibility. Occupational therapy brings a unique perspective to the field of accessibility, viewing accessibility issues through a lens of function and usability. It is possible for an environment to be deemed accessible, but at the same time to not be considered usable; occupational therapists identify the difference.

The initial process for our placement was designed and supervised by two occupational therapists and an accessibility design consultant together with an advisory committee. We were told that it would be an "accessibility audit" of the McMaster University campus and that we had eight weeks to complete this pilot project. The accessibility audit project was initiated in collaboration with faculty, volunteers, and advisors and came about in response to recent changes in the Provincial legislation known as the *Accessibility for Ontarians with Disabilities Act* (AODA), 2005. The act was designed to ensure an accessible province for all Ontarians, by "developing, implementing and enforcing accessibility standards in order to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommoda-

"It is possible for an environment to be deemed accessible, but at the same time to not be considered usable; occupational therapists identify the difference."

Attitudes towards disability are a major concern on campus.

tion, employment, buildings, structures and premises on or before January 1, 2025", and by "providing for the involvement of persons with disabilities, of the Government of Ontario and of representatives of industries and of various sectors of the economy in the development of the accessibility standards" (Ministry of Community and Social Services, 2007). Under the *AODA*, universities will be required to ensure that all barriers are removed by 2025 where reasonably possible.

Practicum process

With our occupational therapy hats firmly in place, and our focus on function and usability, we chose an occupation-based approach to barrier identification. This involved focusing on more than just physical measurements. We chose to follow a typical day in the life or "journey sequence" of user experts to explore key activities involved in fulfilling one's occupation of being a university student.

We first conducted a thorough review of relevant literature to inform the project and recommendations. We next sought to gain an understanding of the challenges and barriers faced by students with disabilities attending the university. Five volunteers with a broad range of disabilities were interviewed, including individuals with visual, physical and mental health concerns. We conducted semi-structured, qualitative interviews using *the Canadian Occupational Performance Measure* (COPM)[1] (Law et al., 2005) to guide the interviews. The volunteers identified and discussed challenges that they encountered while pursuing their education on campus. We also participated with the volunteers in campus walk-abouts, which proved to be a powerful mechanism of barrier identification around campus. Key issues that emerged included barriers related to:

- parking, pathways, ramps, entrances, doorways, elevators;
- amenities such as washrooms and classrooms;
- student services such as notetaking; and
- libraries and social spaces.

We chose the campus student centre as the site of a pilot audit, recognizing that it is a "central hub" for student services, key amenities and social spaces. The audit of the student centre was completed under the guidance of an accessibility design consultant. The audit considered physical, cultural, social, and institutional environments, highlighting strengths as well as barriers. All data were combined and top priorities and key issues identified. A presentation was made to the university's advisory committee and a full report with detailed recommendations was provided.

Raising awareness

The volunteers in our project identified attitudes as a major concern on campus. Occupational therapists bring strong advocacy skills, working with consumers to help educate the general population to increase awareness and to change attitudes. One of the highlights of our practicum became the creation of a disability awareness video, produced with the participation of all five volunteers. This video was to provide an audiovisual record of the challenges and barriers faced on a typical day on campus. We particularly hoped it could be used to address attitudinal issues that emerged from the project.

This video was included in our final presentation to the advisory committee. Through undertaking this presentation, we found it rewarding to be able to educate members of the university community, reaffirming to them that accessibility entails more than just physical structures and meeting building codes. Many ideas appear great on paper, however do not translate well in reality. Using our Person-Environment-Occupation (PEO) perspective, we were able to demonstrate that 'operational' does not equate with 'functional'. In one example, the pathway to a door operator must be barrier free to be functional; simple policy changes and awareness can help ensure that staff will recognize and remove barriers. Our video included

[1]The *COPM* is an individualized client-centred measure used by occupational therapists to detect change in a client's self-perception of occupational performance over time. It is designed for use with clients of all ages and with varying disabilities (Law et al., 2005).

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footage of volunteers attempting to use obstructed and/or non-functioning automatic door operators. The feedback received during this presentation demonstrated that our efforts were of value and that our disability awareness message had been received. Staff acknowledged that some simple changes could make a huge difference in the lives of students with disabilities, without a large cost attached. For example, placing an "out of order" sign on a broken elevator could save a lot of frustration and time for students and is not costly.

Unique learning opportunity

This practicum provided us with a unique learning opportunity that will help us as occupational therapists in future clinical practice. It gave us a glimpse into the reality and complications of large institutions with multiple priorities. It provided an opportunity to fully understand the PEO interaction from the perspective of volunteers participating in meaningful occupations. We have been enriched by this experience and recommend this kind of project to any future student occupational therapists.

As students we are only privy to a fraction of what transpires in a university setting. During this project, we realized very quickly that there are many varying viewpoints throughout the university community, and we recognized the complexity of how a large institution functions. We discovered that there were several projects related to accessibility in progress on campus, but no coordinated process had been established. This fragmented approach suggests that there is a genuine desire at many levels to remove barriers; however, a coordinated approach would be the most effective in terms of both resource use and outcomes.

We learned that improving accessibility on a university campus is a long term and dynamic process. There are many players involved and a finite budget available to remove barriers. We worked with a member of the university alumni who shared with us his experiences of what the campus was like when he was a student. This helped us to realize that the campus is continually evolving and growing and that space allocation, needs and priorities change. In order to remain client centred, we need to continually be aware of, and reassess, the environment around us and how it impacts on occupation and participation.

Another highlight of this learning opportunity was collaborating with volunteers as consumers engaged in the occupation of being a student. This hands-on learning is not something we could have found in a textbook. Students with disabilities are experts on campus accessibility and their experiences provided us with a richer understanding of institutional accessibility issues. They were an integral part of the audit process.

Improving accessibility

As occupational therapists, our understanding of consumer perspectives and disability issues combined with our understanding of physical, social, cultural, and institutional environments enabled us to shift from working at an individual level to taking a larger contextual approach. Our knowledge of accessibility related to function was critical in making meaningful recommendations that would allow individuals to participate fully in the university experience. Our knowledge gained while completing interviews and campus walkabouts with individual consumers was used to fuel global recommendations for improved accessibility on campus for all.

Conclusion

This experience has helped us to understand accessibility issues and to look at the world through a new accessibility filter on our occupational therapy lens. This experience proved to be invaluable and will be useful to us no matter what our future practice setting. We can never look at the world in the same way again. We learned, and will carry with us, that a best practice standard is always a better goal than simply the minimum standard. It was the process that we went through and the involvement of the volunteers that presented the greatest learning value, more so than simply carrying out a structured physical accessibility audit. Occupational therapists certainly have a valuable role in the field of accessibility, providing education and disability awareness to ensure that the intent of the *AODA* can be attained in an effective and respectful manner. As occupational therapists we have an obligation to promote our role in helping to make the environment accessible for all. While it will be a long journey, it is one worth taking.

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CAOT 2007 – 2008 midyear report

Claudia von Zweck

CAOT is your organization, working with you to advance excellence in occupational therapy in Canada. The success of CAOT is possible only through the coordinated efforts of you and other volunteers and staff, working together with groups and organizations with mutual goals and objectives. The following report on CAOT strategic priorities outlines the significant results of our efforts. As we move forward towards our vision of ensuring all people in Canada value and have access to occupational therapy, we can take pride in the progress we have attained.

Strategic Priority 1: Develop workforce capacity in occupational therapy

Collecting the data

A central focus of the work CAOT is the development of an occupational therapy workforce that meets the health needs of the people of Canada. Meeting this strategic priority requires we have a good understanding of the supply and distribution of occupational therapists in Canada. For over two years CAOT has worked on a Health Canada funded project coordinated by the Canadian Institute for Health Information (CIHI) to develop a centralized database of information regarding occupational therapists in Canada. In November 2007, CIHI provided the first annual report on the information collected in this database (CIHI, 2006). This report provides an initial picture of the Canadian occupational therapist workforce and represents the first step toward better human resource planning for occupational therapy in Canada.

Recruiting and retaining

CAOT is working to develop capacity to educate occupational therapists in Canada to address known shortages of occupational therapists. For example CAOT, together with the British Columbia Society of Occupational Therapists (BCSOT) met with the British Columbia provincial government to advocate for an immediate increase in the student intake to the occupational therapy program at the University of British Columbia.

CAOT has also worked actively with the Saskatchewan Society of Occupational Therapists (SSOT) over the past year to advocate for a new occupational therapy education program in Saskatchewan. The University of Saskatchewan announced last fall that a proposal for an occupational therapy education program is under development. The CAOT Academic Credentialing Council has recently addressed accreditation issues for such new education programs. A policy for new education programs was developed and implemented at the University of Sherbrooke in Quebec where student intake for an occupational therapy program began in September 2007.

Recognizing international credentials

To increase workforce supply, CAOT also continues to address the recommendations of the 2006 report on the CAOT Workforce Integration Project. A project funded by the Government of Canada's Foreign Credential Recognition Program to develop a framework for qualifications recognition of international graduates was completed in January 2008 in collaboration with the Association of Canadian Occupational Therapy University Programs (ACOTUP) and the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO). A follow up project, also funded by the Foreign Credential Recognition Program, is now underway to develop a web portal to provide information for internationally educated occupational therapists wishing to work in Canada.

CAOT has also supported universities in seeking funding for upgrading programs for international graduates that assist with meeting registration requirements to work in Canada.

Developing competency framework

A major CAOT accomplishment was the recent publication of the third edition of the *Profile of Occupational Therapy Practice in Canada*. Developed with the assistance of a national advisory committee, this document articulates the skills, knowledge and abilities needed to practice as an occupational therapist in Canada. Work is currently underway by the

CAOT Certification Examination Committee to revise the table of specifications of the national certification examination for alignment with the new *Profile*. The development of a similar competency framework for occupational therapy support personnel by CAOT is ongoing. This project builds on the model for the framework described in the report *Practice Profile for Support Personnel in Occupational Therapy in Canada: Conceptual design and design elements* published by CAOT in late 2007. The new competency framework will be used for accrediting support personnel education programs. The accreditation program will include a qualifications recognition process and is under development in collaboration with the Accreditation Council of Canadian Physiotherapy Academic Programs.

The Accreditation of Interprofessional Health Education project, funded by Health Canada began in September 2007 with a mandate to create joint principles for formulating standards for interprofessional education. The partnership, representing the disciplines of physiotherapy, occupational therapy, pharmacy, social work, nursing and medicine will consult with a wider range of stakeholders to develop principles for use in formulating accreditation standards for their organizations.

Strategic Priority 2: Advocate for occupational therapy as an essential service

Enhancing awareness and access

CAOT advocacy activities are directed toward enhancing awareness and access to occupational therapy services. CAOT provides a national voice on issues relating to occupation and the role of occupational therapy.

Many CAOT advocacy activities are undertaken in collaboration with provincial/territorial associations. For example, the combined advocacy work of SSOT and CAOT has been successful to obtain provincial funding for several pilot site projects that demonstrate the role of occupational therapy in new areas of practice in Saskatchewan. The first two year pilot project began in a community mental health setting in Saskatoon in January 2008. CAOT is also working with representatives of the Newfoundland/Labrador Association of Occupational Therapists to advocate for extended health insurance coverage for occupational therapists in the Atlantic region.

"Yes I can" was adopted this year as the permanent theme of OT Month by CAOT and provincial/territorial professional associations. The inclusive and generic meaning of this theme can be linked to different focus areas and adapted to all areas of occupational therapy practice. CAOT celebrated OT Month by publishing a special consumer edition of *Occupational Therapy Now* focusing on the role of occupational therapy in enabling participation in healthy occupations with older adults. In addition to developing a variety of other OT Month planning resources, a calendar featuring monthly consumer tips was distributed to CAOT members.

Participating in national projects

CAOT frequently undertakes national projects to demonstrate the role of occupational therapy in important areas of practice. In late 2007, CAOT launched the National Blueprint for Injury Prevention in Older Drivers project in collaboration with McGill University and with funding support from the Public Health Agency of Canada. Led by Dr. Nicol Korner-

> ***"A major CAOT accomplishment was the recent publication of the third edition of the Profile of Occupational Therapy Practice in Canada."***

Bitensky, this initiative will result in a national interdisciplinary strategy that will reduce driving accidents that involve older drivers. CAOT will be working with a variety of stakeholders including older drivers and their families, health care professionals, driving evaluators, and policy-makers to conduct research and address health needs for older drivers. Also in late 2007, CAOT completed the site implementation trial of the Stable, Able and Strong project. The overall goal of this project funded by the Public Health Agency of Canada was to develop supports for community dwelling older adults who have experienced a fall to enable them to maintain or resume engagement in meaningful occupations. The project developed a number of helpful tools including a program manual, a peer mentor training guide and an online resource database hosted on otworks.ca.

The Canadian Policy Research Network (CPRN) was commissioned by CAOT to conduct a review of federal government policy in areas where potential exists for an increased role of occupational therapy. The findings of the review will serve to inform two professional issue forums that will be held at Conference 2008, as well as CAOT advocacy efforts to promote the provision of occupational therapy services for members of the federal public service, the armed forces and veterans. The CPRN report is available to members on the CAOT web site.

Strategic Priority 3: Foster evidence-based occupational therapy

Supporting research

CAOT has undertaken a range of activities to promote evidence-based decision-making in occupational therapy. Our initiatives support members in their research and in their use of research evidence. Visits to our website reveal numerous services and resources for searching and sharing research information, including a new member service providing free access to the Cochrane Library on the Information Gateway (see article in this issue, Free access to Cochrane Library for CAOT members).

"'Yes I can' was adopted this year as the permanent theme of OT Month by CAOT and provincial/territorial professional associations. The inclusive and generic meaning of this theme can be linked to different focus areas and adapted to all areas of occupational therapy practice."

CAOT also works with researchers to disseminate research findings through our publications and conferences. Significant work has been undertaken to reduce the wait time for publication of accepted manuscripts in the *Canadian Journal of Occupational Therapy* (CJOT). As a result of initiatives such as including additional pages in each issue of the 2007 volume year, the wait time for publication in the *CJOT* has fallen to nine months in 2008. A number of new policies were also developed to support the new mission of the *CJOT* as advancing excellence in occupational therapy research to inform education, policy and practice. CAOT has pursued agreements with organizations such as Ingenta and CINAHL to provide accessibility of *CJOT* articles to new audiences. Utilization statistics indicate a high and growing level of interest in *CJOT* material. Funding was approved by the CAOT Board in the fall of 2007 for a special theme issue of the journal on the topic of influencing policy to advance practice. Dr. Diane Watson will serve as guest editor for this special issue that will provide information occupational therapists can use to contribute to policy decisions to influence the nature, quality and effectiveness of their practice.

Developing new resources

New resources were developed and posted on the CAOT web site by the Conference Scientific Program Committee to guide reviewers of abstracts submitted for presentation at CAOT conferences. A handbook for presenters was also developed to assist with the preparation of abstracts and presentations. A record high number of abstracts was submitted for our 2008 conference. Look for an exciting program of presentations of the latest occupational therapy research in Whitehorse, Yukon as we explore the frontiers of occupation.

Promoting research funding

CAOT continues to work with research organizations such as the Canadian Health Services Research Foundation (CHRSF), Research Canada and the

The National Blueprint for Injury Prevention in Older Drivers was launched in late 2007.

Canadian Institutes for Health Research to promote occupation-based research. In addition, CAOT remains strongly committed to the work of the Canadian Occupational Therapy Foundation (COTF). Annually, CAOT provides eight percent of CAOT membership fee revenue plus in kind support to fund the operating costs of the Foundation. This year marks the 25th year since CAOT founded COTF to advance research and scholarship in occupational therapy. During this quarter century, many Canadian occupational therapists have become established researchers as result of the initial assistance provided by the Foundation.

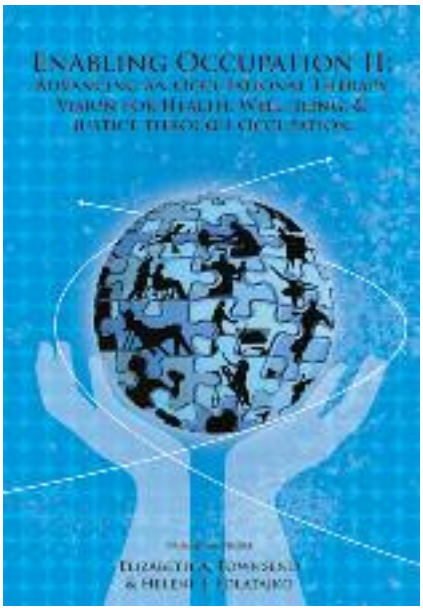
Strategic Priority 4: Advance leadership in occupational therapy

Enabling occupation

CAOT initiatives are directed toward providing information, tools and resources that enable members to lead best practices in occupational therapy. CAOT is proud to introduce the French version of *Enabling Occupation II: Advancing an occupational therapy vision for health, well-being and justice through occupation* at Conference 2008 in Whitehorse. Many activities are centred on promoting concepts included in the publication. A series of articles have been developed for *Occupational Therapy Now* to help Canadian therapists understand how the advances outlined in *Enabling Occupation II* might be incorporated into their practice. A free webinar has also been posted on the CAOT web site. Plans for additional online services to accompany *Enabling Occupation II*, as well as for workshops in different locations across Canada are also underway to assist with knowledge translation. The publication is becoming widely used both in Canada and internationally. A highly successful launch was organized in Australia with the Canadian High Commissioner, the President of OT Australia and Dr. Gail Whiteford in the fall of 2007. In addition, the rights to translate, publish and sell *Enabling II* in Danish have recently been arranged.

Mentoring leadership

CAOT recognizes the importance of mentoring new leaders in our profession. We plan to introduce the Mentoring Gateway as a new online service for members in the late spring of 2008. The Mentoring Gateway will provide members with easy access to tools and resources for mentoring. CAOT is also working with CPA and CASLPA to host the primary health care leadership summit *It's All About Access* in November of 2008. The purpose of the summit is to develop capacity for effective leadership and strategic advocacy among audiologists, occupational therapists, physiotherapists and speech-language pathologists. Individuals from the four professions will develop or enhance their skills in leadership through advocacy, negotiations and media relations training to work strategically to advocate for integration of their services within interprofessional primary health care. A new framework for planning occupational therapy services in primary health care is under development by CAOT that will assist with the establishment of this growing area of practice. Lead by Dr. Mary Ann McColl, the project is supported by an interprofessional advisory group. A pre-conference workshop on this topic will be held in Whitehorse.



"We plan to introduce the Mentoring Gateway as a new online service for members in the late spring of 2008. The mentoring gateway will provide members with easy access to tools and resources for mentoring."

CAOT will draw upon the experience and knowledge of our current leaders to examine the issue of leadership within the profession. An inaugural CAOT Fellows luncheon will be hosted at the time of Conference 2008 celebrate our leaders and discuss leadership development and opportunities. The lunch will immediately precede our annual awards ceremony where CAOT will honour our 2008 award winners.

Strategic Priority 5: Advance CAOT as the premier and respected national occupational therapy professional association in Canada

Enhancing membership value

CAOT continues to look for ways to enhance the value of your membership in our Association. This year, CAOT was able to work with our broker Aon Reed Stenhouse to substantially increase the coverage offered by our professional liability programs, while also maintaining or decreasing costs for the insurance products. We have introduced new services for members such as free access to the Cochrane Library, as well as undertaken reviews to continuously improve our products and resources. For example, the OT Education Finder database was recently enhanced for increased ease of use and functionality and is now one of the most frequently accessed areas of the CAOT web site. We have also introduced new policies relating to the topics of emergency preparedness and protection of the environment to ensure we remain responsible and viable in our operations.

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CAOT is seeking out new sources of revenue to reduce reliance on membership fees to cover operating costs, such as through the planned introduction of a new product recognition program. We are also investigating new models of partnering with provincial associations to provide a strong and consistent voice for the profession, while also maximizing organizational efficiency through decreased duplication of services and streamlined use of staff and volunteers. Several changes to the CAOT bylaws were recently recommended following a review by a CAOT task force. More information regarding the proposed changes is included in the annual general meeting materials sent to all members earlier this year. Voting on the bylaw revisions as well as fee rates for the upcoming membership year will occur at our next annual general meeting on June 12, 2008 in Whitehorse. Because of our success in containing our expenses and seeking new sources of revenue for Association activities, the CAOT Board of Directors are pleased to propose a zero percent member fee increase for the fifth year running.

Your opinion regarding the work of CAOT is important. We look forward to hearing from you. Please plan on joining us for our annual meeting or send your comments to me at cvonzweck@caot.ca.

Drug use as an occupation: Reflecting on Insite, Vancouver's supervised injection site

Emmeline Chang

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

In the realm of healthcare, detrimental, non-therapeutic drug use has often been deemed as an undesirable behaviour, and labeled drug abuse by society. As such, healthcare professionals are more than eager to help clients leave it behind. "Why would you do drugs?" is a common question from professionals. Stemming from my reaction to the possibility of the closure of Insite, Vancouver's supervised drug injection site (see sidebar), this paper explores the response to this question from an occupational perspective. Occupational science seeks to understand the significance of occupation in the lives of individuals and its relationship to health and well-being (Carlson & Clark, 1991; Polatajko, Molke, et al. , 2007; Yerxa et al., 1989). It could be argued that to effectively help our clients recover from drug addiction, we need to understand drug use from an occupational perspective.

Drug use as an occupation

The Canadian Association of Occupational Therapists defines occupation as "everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity)." (Law, Polatajko, Baptiste & Townsend, 1997, p. 34). Occupation is similarly viewed as "a set of activities that is performed with some consistency and regularity; that brings structure and is given value and meaning by individuals and a culture (adapted from Polatajko et al., 2004 and Zimmerman, Purdie, Davis, & Polatajko, 2006)." (Polatajko, Davis, et al., 2007, p. 19, Figure 1.1).

It is recognized that not all occupations are necessarily good, and that some, while they may bring value and meaning to a particular individual's life, are not valued by the culture, nor do they contribute to the health and well-being of the individual (Polatajko, Backman, et al., 2007). Law and colleagues state that "What is meaningful to some may not be to others...purpose is determined by individual needs and desire within an environmental context" (p. 36).

To drug users, drug use is an occupation because through this occupation they may find a sense of control, temporary alleviation of emotional and physical pain, acceptance, and peer interaction, which are all factors that may be viewed as purposeful (Herie, Godden, Shenfeld, & Kelly, 2007). Although the excess use or abuse of drugs is detrimental to their mental and physical health, it does not necessarily mean that it cannot become a significant occupation for some individuals, especially for our clients.

Insite: Facts of Interest

Insite first began as a pilot project with a three-year operating exemption that was due for a review at the end of 2006. During this time Insite underwent careful scientific evaluation with all research results published in peer-reviewed journals (Vancouver Coastal Health [VCH], n.d.). All research results showed positive impacts such as a large reduction in public drug use, fewer incidents of users sharing syringes and discarding them in public places, increased use of detoxification services in Vancouver, and zero fatalities resulted from the 453 overdoses that occurred at Insite (O'Neil, 2006).

On September 1, 2006, Federal Health Minister Tony Clement announced that the government had "deferred the decision" on Vancouver Coastal Health's application to extend the operating exemption for Insite until December 31, 2007 (Health Canada, 2006). At the same time, the Federal government cut Insite off from further research funding stating that it is important to have other sources, besides Insite itself, undertaking research on its outcomes (O'Neil, 2006). In October 2007, Health Minister Clement extended the existing operating exemption for the supervised injection site to June 2008 to allow for more time for additional research from other sources (Health Canada, 2007). For more detailed information, please visit Insite (VCH, 2007) at http://www.vch.ca/sis/

CSOS Canadian Society of Occupational Scientists

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

When life revolves around drugs

People's needs and wants frequently determine their choice of daily occupations. For individuals with drug addiction, time often revolves around a series of occupations supporting a need to obtain drugs (Helbig & McKay, 2003). One participant in Heuchemer and Josephsson's (2006) study on homelessness and addiction reveals, "It was all about getting out and chasing drugs right away" (p.164). Similar to drinking, drug use involves obtaining and protecting the supply, creating reasons and situations for use, seeking out other drug users, spending time doing drugs,

"Without access to facilities such as Insite, this vulnerable and marginalized clientele will be even less likely to come into contact with occupational therapists to initiate the recovery process."

recovering from the effects of "getting high and crashing", and, once again, resuming the drug use process (Moyers, 1997). In Heuchemer and Josephsson's study, for many, seeking and using drugs became a full time job that created a role and a sense of identity. For people with drug addiction, the activities involved with drug use sustain them; organize their lives; and enable them to connect with, adapt to, and have a sense of control in their environment. More importantly, drug use, as with other occupations, allows them to express themselves and gives them a sense of who they are (Harvey & Pentland, 2004), regardless of whether it is viewed as good or bad, or socially acceptable by society.

Moving on from a life of addiction

Despite some of the short-term benefits of drug use, the long term negative effects on health and well-being make it essential that people with addictions reconstruct a life without drugs and find new ways to spend their time. Once drug users are ready to make this decision and begin the recovery process, occupational therapists can help these individuals by exploring the behaviours, thoughts, and activities that revolve around drug use (Opp, 2007), as well as the significance of drug use for the individual. Therapists must then enable their clients to reconstruct their occupational lives by identifying and supporting the development of activities that bring them meaning and joy, and replace drug use with those pursuits (Opp).

Helbig and McKay (2003) consider the inability to structure time with meaningful pursuits as a trigger to relapse into the cycle of addiction. This trigger to relapse indicates that occupational therapists need to enable their clients to determine new occupations and establish more satisfying and meaningful time-use patterns, and opportunities for self-discovery. To quote Stoffel, "We want people to find the activities that are meaningful to them and at just the right level of challenge so that, as they redesign their lifestyle, they tap into those things that allow them to move into a state of well-being. This is where occupational therapy can really make a difference in helping people stay in long-term recovery" (as cited in Opp, 2007).

Connecting drug users to occupational therapy

The likelihood of someone struggling with drug addiction coming into contact with an occupational therapist depends largely on the accessibility to healthcare services (Opp, 2007). Insite, North America's first legal supervised drug injection site located in Downtown Eastside Vancouver, British Columbia, provides drug users precisely this first point of contact to healthcare services. Insite does not encourage or promote drug use. By providing a safe place for drug injection, along with sterile equipment and access to healthcare services, Insite is trying to reduce and eliminate the harm associated with drug use,

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such as unsafe injection techniques, that might otherwise occur regardless (VCH, n.d.). In addition to offering a physical place and sterile injection equipment, Insite is staffed with highly specialized health professionals who are available to respond to drug users and also serve as a gateway to link clients to other health and social services, thus facilitating occupational change. Without access to facilities such as Insite, this vulnerable and marginalized clientele will be even less likely to come into contact with occupational therapists to initiate the recovery process. Enabling occupation is what occupational therapists do best. When our clients decide to leave drug use behind, we can use our skills to facilitate occupational change and support the recovery lifestyle (Stoffel, 1994).

Acknowledgements

Thanks to Professor Sandra Hobson at the University of Western Ontario for suggesting the submission of this paper. Special thanks to Marlee Groening, nursing instructor at the University of British Columbia, for sparking and fostering my interest in mental health during my undergraduate years as a nursing student.

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Highlights of the March 2008 CAOT Board Meeting

Erica Lyle

On March 26, 2008, the Canadian Association of Occupational Therapists' Board of Directors met via teleconference. Highlights of this meeting are as follows:

- The audited financial statements for 2006-2007 were approved and the auditors of BDO Dunwoody were appointed for the next fiscal year. CAOT members may visit www.caot.ca to access a copy of the audited financial statements.
- This year's CAOT Award winners were approved and will be announced at the CAOT Conference in Whitehorse during the Awards Ceremony on Friday, June 13.
- A report on a partnership agreement between CAOT and the British Columbia Society of Occupational Therapists was received and approved in principle by the Board.
- A motion was approved to provide an external review of the Certification Examination involving CAOT and the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO).
- The Occupational Therapy Master's program at the University of British Columbia was awarded a five-year accreditation award from 2007-2012.

For members who are joining us in Whitehorse for Conference 2008, please be sure to attend the CAOT Annual General Meeting on Thursday, June 12 at 10:00 a.m. The meeting agenda will be mailed to CAOT members in spring 2008 and will include proposed changes to CAOT bylaws. The amendments will also be posted to the CAOT website.

Column Editor: Sandra Bressler

Fieldwork in South Africa: Comparing the 'country of contrast' to Canada

Anita Goyal

Purpose

This article highlights the experiences of an occupational therapy student completing an international fieldwork in South Africa, to demonstrate that occupational therapists have a role in local as well as developing, international communities.

Introduction

Admission to the University of Toronto's school of Occupational Science and Occupational Therapy three years ago was not only the beginning of my new career but also a new opportunity for me. On the first day of school, my colleagues and I were posed with the question: What is Occupational Therapy? We learned that there is no right answer but that the answer depends on the serviced population and area of practice. Throughout the program, I became more involved in learning about public healthcare at a political and global level. For example, I learned how Localized Health Integrated Networks impact community healthcare at a local level and how the UN Millennium Development Goals impact healthcare on a broad sale at a governmental level. I hoped that, regardless of the field I chose to work in, my impact as a healthcare practitioner would contribute towards the betterment of those with the greatest healthcare needs. I was unsure if my interests fit with the role of an occupational therapist and wondered if what I was learning at a local level was going to prepare me to potentially work in under-serviced communities in the future.

Independently embarking on an international fieldwork as a student while still learning what an occupational therapist was, was a daunting yet exciting endeavor. I had natural insecurities about traveling alone and living in a rural community in sub-Saharan Africa. My desire to learn the role of occupational therapy within a larger, global context maintained my motivation.

After months of planning, I arrived at my destination: Emalahleni, Mpumulunga, a province that prides itself on offering the best public healthcare in South Africa. After settling into my flat, I soon learned that the polluted, brown water that only periodically ran was just one small problem that I shared with the locals in Emalalheni. Within days, I ambitiously began working at Witbank Hospital.

Developing a training program for Home-Based Care Workers

During my first week working at the hospital, I accepted an offer from my preceptor to develop a training program for Home-Based Care Workers (HBCWs). Home-based care is often found in African rural communities as a support service. HBCWs are essentially volunteers that are responding to provincial recommendations for increased support services at a grassroots level where they are required most. HBCWs offer services that are comparable to Attendant Care services in Ontario; additionally, they offer spiritual support and palliative care to clients and their family members. HBCWs are often the only link to welfare services such as food parcels and mon-

Anita Goyal at Witbank Hospital in South Africa

etary allowances provided by the government. HBCWs are not formally trained and they receive minimal support in terms of money or mental health support.

During my seven weeks at Witbank Hospital, I developed and implemented a 'train-the-trainers' program for HBCWs. I began with a needs assessment by inviting numerous Community-Based Rehabilitation Workers and HBCWs from various local regions to discuss the main issues that HBCWs face and the type of training and education they were looking for in a training program. The most significant barrier to the implementation of the program was transportation to the hospital. The results of the needs assessment led to a condensed program that included basic education about care-management and prevention of further injury in prevalent disabilities that the HBCWs found in their community. The program also included components focusing on group skills such as communication, conflict management and assertiveness training, which facilitated the HBCWs to work in teams within organizational systems. In addition, the program addressed the psychosocial needs of the HBCWs by exploring their emotional needs and ways that they could be addressed. The program attempted to address other issues of which the HBCWs had limited understanding. For example, a dietitian informed the group how they should be educating their clients with respect to food and nutrition, and information was provided by the province of Mpumulunga's Department of Social Services regarding government assistance programs. I organized a rudimentary program evaluation and provided enough materials so that the program could be repeated in the future.

Personal reflections

My largest contribution as an international student was knowledge transfer. Just as I was excited to learn about the role of an occupational therapist in South Africa, so, too, was the allied healthcare staff at the hospital interested in learning about occupational therapy in Canadian and North American healthcare systems. When comparing the North American and South African healthcare systems, I realized how much healthcare is governed by politics. I also understood why South Africa is known as the 'Country of Contrast.' The differences in public and private healthcare within that country alone were so dramatic that it made the debate over privatizing healthcare in Canada seem irrelevant. Compared with people in other countries that are deemed 'third-world', Canadians have so many services and resources available to us through our tax dollars. Discovering the drastic differences in the two countries' systems, specifically the contrast in public versus private healthcare, helped me see the bigger picture - a picture that so many North Americans fail to see before setting off to the 'third-world'; that is, when it comes to understanding healthcare, Africa has more to teach us than we have to teach Africa.

"When comparing the North American and South African healthcare systems, I realized how much healthcare is governed by politics. I also understood why South Africa is known as the 'country of contrast.'"

Ontario is currently experiencing a shift in healthcare delivery with the provision of services being focused in the community in order to reduce waitlists and healthcare costs. The role of occupational therapists working in Ontario communities is in high demand as a result of the shift. The shift benefits clients because they are assessed and treated within their naturalistic environments such as their homes and workplaces.

On the other hand, occupational therapists working within the public healthcare system in South Africa provide community services quite differently. In South Africa, I regularly accompanied a multi-disciplinary team of allied healthcare workers in a vehicle funded by the province to drive between 15 and 45 minutes into surrounding rural communities where we offered a range of rehabilitation services in community *klineiks* to those who were referred from hospital. Services were provided in these small spaces built as a solution to one of the major barriers to why people living in rural areas of South Africa do not seek medical attention; that is, the cost of transportation to centralized medical facilities. In contrast to Ontario then, the provision of community care in South Africa actually increases the cost to the public healthcare system and there is not the added benefit of assessing and treating clients within their homes.

Availability of resources and different lifestyles in South Africa and North America mean that occupational therapists face different challenges in creating intervention plans. In Ontario, we have access to equipment that can be purchased and adapted for

About the author – Anita, MScOT, Reg. (Ont), BSc (Kin), is a graduate of the University of Toronto. She was the CAOT student representative for the graduating class of 2007. She is currently working in the central Toronto community as an occupational therapist. You may contact Anita at: anita.goyal@utoronto.ca

individuals with specific functional needs such as self-care and community mobility. Most of this equipment can be compensated for with governmental and charitable financial relief. Access to such equipment is limited in the public healthcare system in South Africa. There, clients are often presented with makeshift options that can be created with a number of household items, and the equipment that is available is limited with minimal choices. Ironically, due to the lifestyle in these under-served populations, the need for adaptive equipment may be higher than it is in North America. Rural South African communities face higher prevalence rates of a number of illnesses such as septic burns, amputations due to diabetes, HIV/AIDS, pulmonary disorders such as tuberculosis, as well as a number of mental health issues and developmental disabilities; as a result, these communities often go un- or under-treated.

Other significant differences between the two healthcare systems that I found challenging while working in South Africa were the underlying assumptions of health and illness. For years in Canada, we have used a medical model, which is often scrutinized by rehabilitation professionals for not being 'holistic.' By contrast, many clients in South Africa's public healthcare sector believe in more spiritual causes of disease, which are not necessarily the result of underlying physiological processes. Although many of the models and philosophies of occupational therapy practice applied in South Africa are similar to those used in Canada, I found that education based in scientific theoretical logic regarding illness was not provided as primary prevention in South Africa. Rather, only an educational approach pertaining to care-management strategies for current ailments was provided. Moreover, there is an expectation in South Africa that clients' family members will act as caregivers upon returning home, creating a situation of long-term 'caregiver-burden' in many community households.

Rural communities of South Africa, like many other sub-Saharan African states, are faced with more issues than those highlighted above. There are also many other differences between our two countries healthcare systems than I have described. Many of the healthcare issues that these communities face are a compounded result of a number of factors that include poverty, malnutrition, poor infrastructure, low education, civil conflicts as well as cultural views regarding gender and disease.

Conclusion

The desire to work abroad can easily become lost, due to financial and other obstacles. However, being enrolled in an occupational therapy program enables faculty support. Working as an international student of occupational therapy provides an opportunity to learn what occupational therapy is and has the potential to reach beyond a local level.

My trip to South Africa as a student was a wonderful learning experience because I came back with more questions, and developed an increased sensitivity to issues in developing countries and trans-cultural issues that Canadian healthcare workers also face at times. Although the HBCW training program was successful for the participants, it is I who gained the most from the program. I gained the confidence to know that I could make even a small difference in a limited amount of time. I also discovered that there was a very important role for occupational therapy in the community. Now, I identify not only as an occupational therapist, but also as a healthcare provider. My fieldwork was just the beginning of something that could inspire a future, long-term endeavor. Reflecting on my positive experiences, I encourage other occupational therapy students to also contribute to the international call for healthcare providers.

"My trip to South Africa as a student was a wonderful learning experience because I came back with more questions, and developed an increased sensitivity to issues in developing countries and trans-cultural issues that Canadian healthcare workers also face at times."

Update from the COTF

CANADIAN OCCUPATIONAL THERAPY FOUNDATION
To fund scholarship and research

Upcoming Competitions

Deadline: June 1, 2008

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

Deadline: September 30, 2008

New Scholarship - Community Rehab OT Scholarship (1 x $5,000)

New Award - Francis and Associates Education Award (1 x $1,000)

New Award - COTF Future Scholar Award (Please e-mail skamble@cotfcanada.org if your academic institution is interested in this award.)

COTF Master's (2 x $1,500)

COTF Doctoral (2 x $3,000)

Thelma Cardwell (1 x $2,000)

Goldwin Howland (1 x $2,000)

Invacare Master's Scholarship (1 x $2,000)

Janice Hines Memorial Award (1 x $1,000)

For details and updates to the program application forms, see the Awards section at http://www.cotfcanada.org.

COTF Events at the CAOT Annual General Conference

Thursday, June 12

COTF AGM 11:30-12
COTF Session - Research in OT, Where do we go from here? 14:30-15:30
COTF Live Auction at the Social Event
COTF Silent Auction at the COTF Booth

Friday, June 13

COTF Silent Auction at the COTF Booth

Saturday, June 14

COTF Lunch with a Scholar - Emily Etcheverry - Explore the Frontiers of Occupation 11h:30-13

If you would like to donate an item to the silent or live auction, please contact skamble@cotfcanada.org so that a donor declaration form can be sent to you. Income tax receipts will be issued upon request, only if proof of market value is provided for donated items, as per Revenue Canada's regulations.

COTF's 25th Anniversary!

COTF will be hosting a gala on November 7, 2008 in Toronto at the Delta Chelsea Hotel to mark the 25th anniversary of its beginning on May 17, 1983! The event will be held after the Leadership Summit, in which CAOT is a partner. Everyone is encouraged to participate 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 December 1, 2007 to January 31, 2008. For those whose names do not appear in this listing, please see the next issue of *OT Now*.

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CAOT endorsed courses

CAOT Learning Services Workshop:

The ADL Profile

June 20-22, 2008, 8:30-4:30pm
Speaker: Carolina Bottari
Location: Vancouver General Hospital, Vancouver BC
Contact: Education Administrator at education@caot.ca
Tel no: 1-800-434-2268 x 231

Web-based workshop:

Self-employment workshop: Are you self-employed or thinking about it?

A lunch-time learning web-based workshop to take place over three installments:
Thursday May 8, 15, and 22, 2008, 12-1 pm EST
Speakers: Bradley Roulston, BA, CFP, CLU, RHU, Hillary Drummond, BSc OT
Contact: Education Administrator, CAOT. Tel no: 1-800-434-2268 x 231
Fax no: 613-523-2552
E-mail: education@caot.ca

CAOT ENDORSED COURSES

Dalhousie University, School of Occupational Therapy and the International AMPS Project

2008 International AMPS Symposium
Measuring, Planning, and Implementing Occupation-based Programs
July 30-August 1, 2008
Contact: Pauline Fitzgerald at p.fitzgerald@dal.ca
902-494-6351

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 Oct 07 and July 08
Instructor: John F. Barnes, PT
Contact: Sandra C. Levengood
222 West Lancaster Avenue, Paoli, PA 19301. E-mail: paoli@myofacialrelease.com
Website: http://www.myofascialrelease.com

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:
Evaluating Sources of Evidence
Reasoning, Measurement
Developing Effective Programs
Facilitating Learning in Rehab Contexts.
Graduate certificate is granted after completion of five 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 http://www.fhs.mcmaster.ca/rehab

Dalhousie University Series

Advanced Research Theory & Methods for Occupational Therapists (OCCU 5030)
January - April 2009
Instructor: Dr. Grace Warner
Program Evaluation for Occupational Therapists (OCCU 5043)
January - April 2009
Instructor: Jocelyn Brown
Identity and Transitions (OCCU 5040)
May - June 2009: Instructor: TBD
Evidenced-Base Practice (5041)
September - December 2008:
Instructor: Dr. Joan Versnel
Community Development for Occupational Therapists (5042)
September - December 2008:
Instructor: Dr Loretta do Rozario
Advanced Studies on Enabling Occupation (5010)
September - December 2008:
Instructor: Dr Robin Stadnyk
Advancing Vocational Rehabilitation Through Critical Occupational Analysis (6503)
May - June 2008
Measuring Health Outcomes (6504)
May - June 2008
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

The 2nd Biennial Conference on Brain Deelopment & Learning: Making Sense of the science

UBC Interprofessional Continuing Education
July 12-15, 2008 Sheraton Wall Centre Hotel, Vancouver BC
Contact: Kristina Hiemstra
E-mail: ipconf@interchange.ubc.ca
Tel : 604-822-0054

Assessement of Motor and Process Skills (AMPS) Training Course

School of Occupational Therapy, Dalhousie University
May 5-9, 2008
Contact: Pauline Fitzgerald
E-mail: p.fitzgerald@dal.ca
Tel: 902-494-6351

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