

**WORLD FEDERATION OF OCCUPATIONAL THERAPISTS**

**Newsletter**

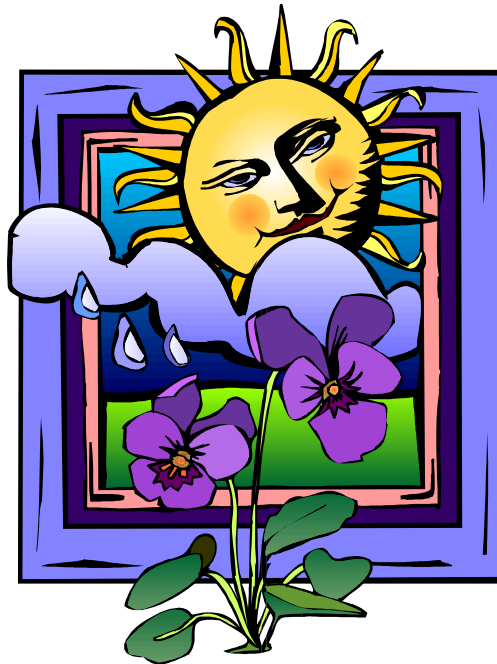
**AMERICAS REGION**

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**Dear colleagues in the Americas! and our colleagues around the world!**

**It is time for another Newsletter with news from the Americas Region. I am happy to include articles from Canada, Chile, Venezuela, Tobago, and the Caribbean Region. As you know, in the interest of expanding information about our neighbors in the Region who are not yet members of the WFOT, I am happy to include information regarding their news as well.**

**CANADA**

This report outlines the wide range of activities undertaken by CAOT in the past six months to meet our strategic priorities and address our mission of

advancing excellence in occupational therapy.

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**Strategic Priority #1  
Prepare members for current and  
emerging markets**

CAOT commissioned the completion of an environmental scan of issues and trends that may affect our profession to assist the CAOT to implement strategies to manage risks to the Association. A summary report of the environmental scan was provided to members in the March/April 2004 *OTNow*.

The CAOT currently partners with consumers on a large number of projects in order to advance our vision of promoting awareness of and access to occupational therapy. These initiatives include large externally-funded projects such as the Tools for Living Well project, where a community development approach was used to help seniors take an active role in promoting the use of assistive devices for falls prevention.

Professional issue forums were conducted at the Conference 2004 in Charlottetown on the topics of end of life care and mental health. CAOT has invited representatives of stakeholder groups to attend these forums to assist us to develop well-informed discussion papers that lead CAOT action on these issues.

New position statements have been published on the topics of disability management and workplace health—important emerging areas of occupational therapy practice. The CAOT position statement on child health outlines a rights-based approach to

gaining improved health and social services for children in Canada and a position statement outlines guidelines for quality occupational therapy services. These are available through the CAOT web site ([www.caot.ca](http://www.caot.ca)).

An OT Practices Network was established on the CAOT web site. Here members can discuss issues and connect to resources on support personnel, tax audits and the new privacy legislation.

CAOT worked in partnership with the Canadian Mortgage and Housing Corporation (CMHC) to host a face-to-face workshop on universal design in Ottawa in April.

CAOT launched the publication of our newest non-periodic *Spirituality and Occupational Therapy* in January 2004. A new CD-ROM, *Children and Normal Movement*, is also available from CAOT Publications as *Enabling Occupation in Children: The CO-OP Approach*.

The excellence and breadth of Canadian occupational therapy research and practice was reflected in the 2004 CAOT Conference held in Charlottetown, Prince Edward Island. Anne Wilcock, cofounder of the International Society for Occupational Scientists provided the keynote presentation to open Conference.

**Strategic Priority #2  
Create an evidence-based culture**

CAOT contributed to the development of a research strategy document for occupational therapy in Canada as an outcome of the leadership forum that was held in Winnipeg in May 2003. The

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*Canadian Journal of Occupational Therapy* published a special theme issue on models and evidence in December 2003. Future theme issues will address occupation (December 2004) and outcomes in occupational therapy (2005).

CAOT members have indicated that accessing research literature is a major barrier for evidence-based practice. In response to this finding, CAOT introduced "HOT topic" reference information to members this spring. Hot topics provide members with citations for recent literature published on practice issues and topics that are the subject of frequent member inquiries received at National Office.

### **Strategic Priority #3 Foster partnerships and alliances**

*A Dialogue on Occupational Therapy Entry-Level Education in Canada: The Change to a Professional Master's Degree by 2008* was developed by CAOT to promote greater understanding and dialogue on the issue of master's level education within the occupational therapy community and with key stakeholders such as governments and employers.

CAOT hosted a meeting with funding assistance from Health Canada in February 2004 with representatives of occupational therapy organizations and relevant stakeholders to develop a plan for future human resource planning initiatives for occupational therapy. The plan outlines the steps, schedules,

participants, funding and anticipated outcomes of future activities.

A number of projects funded by Health Canada and Veteran's Affairs Canada related to assistive device use and falls prevention were completed at the end of March 2004. The significant resources and information generated from these projects are available on-line from [www.otworks.ca](http://www.otworks.ca).

CAOT is a partner in two large multiyear projects that were funded in late 2003 by the federal Primary Health Care Transition Fund. One project will address the development of principles for interdisciplinary work teams in primary health care. The second project will investigate interdisciplinary models of primary health care for management of mental health issues.

### **Strategic Priority #4 Market and advocate for occupational therapy**

The issue of home care gained prominence in CAOT advocacy efforts to influence a national policy initiative to include occupational therapy in the core basket of services for a national home care program. CAOT developed and promoted a home care marketing kit that outlined information on the cost-effectiveness of occupational therapy in key areas of home care services. CAOT also published a special consumer edition of *OT Now* to illustrate and promote the role of occupational therapy in home care.

A new CAOT logo was presented at the Conference, 2004.

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**Strategic Priority #5  
Promote standards and education**

CAOT provided input to the development of new national standards for fieldwork education. Compliance with these standards will be monitored by CAOT through the academic accreditation process for university occupational therapy education programs. Work on the indicator projector for the CAOT academic accreditation process continues. It is expected that a revised version of the academic accreditation standards and study guidelines will be published in the fall of 2004.

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**CHILE**

**Competencias profesionales de los  
Terapeutas Ocupacionales en Chile**

En un trabajo que lleva ya mas de un año, el Colegio de Terapeutas Ocupacionales de Chile ha estado trabajando para organizar metódicamente las competencias profesionales de los terapeutas ocupacionales y publicarlas.

El Ministerio de Salud invito a todas las Asociaciones de profesionales de la salud para establecer los criterios

relativos a las competencias de sus miembros y las tareas y actividades que cada profesion desempeña en la salud, siendo este el marco para el trabajo actual.

Como se menciona mas arriba, el producto final de este grupo de trabajo sera la publicacion de un documento del Colegio, con lo cual se estableceran las competencias profesionales de los terapeutas ocupacionales en diferentes campos de acción.

Este trabajo se ha constituido en una prioridad del directorio actual, ya que es muy importante cuales son las areas de trabajo que deben ser hechas por terapeutas ocupacionales.

Se han sostenido multiples reuniones con otras asociaciones de profesionales de la salud. Luego de la entrega del primer documento al Ministerio de Salud en Abril de este año, se abre una nueva etapa. Esta sera la revision de los escritos entregados por cada grupo profesional con la idea de refinar detalles y lograr uniformidad entre las diferentes profesiones. El objetivo es llegar a un acuerdo y poder clarificar aquellas areas que se superponen y establecer relaciones de colaboración.

El Colegio de Terapeutas Ocupacionales ha trabajado en forma altamente profesional y esperamos que para finales del 2004 tengamos el documento publicado.

**Occupational Therapists' Professional  
Competencies in Chile**

Approximately for a year, the Chilean Association of Occupational Therapists has been working to bring about a

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commission whose objective is to arrange methodically the Occupational Therapist professional competencies and publish this information.

The Ministry of Health officially invited all the Chilean Health Associations to establish criteria according to the competencies of its members and on the tasks and activities that each professional do in health care. The Association of Occupational Therapists is actively participating on this.

As mentioned above, the end product of this working group will be the publication of a document done by the Association. This writing will establish the Occupational Therapist professional competencies in different professional fields.

This is a priority for the Board. It is a need, for our Association, to have in writing those health working areas which correspond to be done by occupational therapists.

A series of meetings were held with other Health Associations and the first stage just finished with a publication handed to the Ministry of Health on April 15, 2004. A new stage began: the revision of this writing by each Association with the idea to define details and uniformity with all the participating Associations and end up with an agreement and also to clarify those jobs which may overlap with others or in those jobs we are only collaborators.

Strong efforts of collaboration were made by our Association to be very professional and we hope that by the end of 2004 we may have the document published.

Valeria Ortiz G.  
Occupational Therapist  
1<sup>st</sup> Alternate Delegate to WFOT, Chile

## **VENEZUELA**

The WFOT Delegates are as follows:

Delegate: Antonieta Rivas de Puche  
1<sup>st</sup> Alternate: Francisca Zamore  
2<sup>nd</sup> Alternate: Carmen Form

The Delegation regrets that they were unable to attend the 2004 Council Meeting in South Africa due to finances.

Antonieta Rivas de Puche  
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## **CARIBBEAN REGION**

The Association of Caribbean Occupational Therapists (A.C.O.T.) is in the early stages of planning its 7<sup>th</sup> Scientific Conference. The Conference will be held in Barbados in July of 2005, theme to be finalised. Further information on this event will be released in the near future. We are looking forward to meeting, and to hosting participants from within the region and beyond. All are welcome!

A.C.O.T.'s 6<sup>th</sup> Scientific Conference was held in Jamaica in December of 2003. The theme of the Conference was 'Diabetes'. The Conference was well attended by persons from a range of professions. Congratulations go out to

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our Jamaican membership for their organisation of this event!

A.C.O.T. has elected a new executive which includes:

- Mrs. Caryl Pearson, President
- Mrs. Hilary Bethell, Vice-President
- Mrs. Cyd Birch-Prescott, Secretary
- Ms. Fleur Minot Nemard, Treasurer
- Ms. Christine Kumchy, **WFOT Delegate, Caribbean Region**

Posts are held for two (2) years.

A community-based rehabilitation (CBR) project was initiated in Barbados in April 2004, under the direction of the Barbados Council for the Disabled, along with multidisciplinary teams of therapists. This project was further guided by Assistant Professor of Occupational Therapy from Quinnipiac University, Connecticut, U.S.A., Ms. Signian McGeary. O.T. and P.T. students from Quinnipiac University were included on the teams, which visited children and adults in the community, and worked with caregivers to promote improved function for these clients. A workshop for caregivers was conducted by Professor McGeary and her students, as part of this undertaking.

Christine Kumchy  
WFOT Delegate, Caribbean Region

### **Tobago**

The following information is a summary of a second (see WFOT Americas Region Newsletter, March 2003) report from Rosemary Green regarding her

work in her home islands of Trinidad & Tobago with the Tobago Regional Health Authority. She has a two year contract to initiate occupational therapy for the hospital and the community for discharged hospital patients. The initial expectation was to work alone with no department, no remedial equipment, and no secretarial support, while treating all referrals.

The islands lie seven miles off the coast of Venezuela in the southeast Caribbean. They gained independence in 1962 and in 1976 became a Republic within the Commonwealth. The health service of the Republic is organized on a regional system composed of three in Trinidad and one in Tobago. With roots in Africa, India, Europe, China, the Mediterranean, and the Middle East, English is the common language.

Rosemary worked initially in the 12 bed Psychiatric unit of the 100 bed Tobago Regional Hospital in Scarborough. Her work centered on client centered activities using donated funds for supplies, eventually selling occupational therapy made products enough to become financially solvent.

She then worked in the general wards, with the high incidence of adult patients with diabetes, hypertension, obesity, lower limb amputations, and CVA and children with cerebral palsy. Treatment takes place in the home due to inadequate and inappropriate space in the wards. Any adaptations needed must be purchased by the family so OTs provide their valuable inventive skills in this area.

Community care is similar in design to that of the United Kingdom., providing

care to a variety of different client groups; training courses are available as well as voluntary agencies to help with funding.

A joint referral system has been established with OT, PT, and Dietary colleagues who provide peer support and Training for support staff. This initial effort is leading to a structure for the Allied Health Professions along with Nursing and Medical staff to encourage the development of the rehabilitative services and department. Distances provide a hindrance to clients receiving rehabilitation services they need. With therapists working together, support groups have been organized for those with cerebral palsy and for those with CVA. In addition to these, a monthly clinic by the therapists focus on providing information, support and education for families and patients and to increase public awareness of the needs of the disabled on the island. A morning call-in program has been available thru the local radio station, and newspaper articles have helped with the publicity.

A major effort is in the acquiring of wheelchairs as there is no governmental provision for the cost. In spite of this difficulty they have managed to acquire some wheelchairs for a small short term loan service. Many of the roads are dirt and hills and flights of outside steps or across a stream and along a tiny path to a house, and an outside bathroom can make additional problems.

Rosemary Green states that although serious health needs must be faced, there is much fun and laughter in the island life. Occupational Therapy with its practical focus is beginning to provide a service, which adapts easily to the lack

of formalized rehabilitation and modern gadgets, regarded as a necessary and relevant service, spurred on by the inventiveness of the island people.

She reports participation in the Association of Caribbean Occupational Therapists (ACOT) and interest on the part of therapists and students to participate in Caribbean island programs. There is a need for occupational therapists with a broad base of experience and with expertise in neurology, pediatrics and splinting. Rosemary described her experience in Tobago to be enormously rewarding as she continues experience the friendliness of the people, their culture, their capacity for endurance and fun in the face of considerable hardship, and their acceptance of the efforts of her and her colleagues. She looks forward to the development of programs through added staff, students, and interdisciplinary communications and growth.

Many thanks to  
Rosemary Green  
Tobago  
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Articles on occupational therapy in the Caribbean islands are encouraged. Please send articles to Christine Kumchy, WFOT Delegate, Caribbean Region.

## **NICARAGUA**

Kathy Dumouchel from Lloydminster, Alberta, Canada has taken the opportunity to visit Nicaragua on a mission trip with her church. Her interests are to work with a medical team to provide occupational therapy services.

She has sent some comments regarding her impressions as follows.

While the mission team provided doctor services and medication free of charge to the people, Kathy saw the need for education with regard to the tendency toward allergies and asthma problems resulting from cooking indoors with wood and the frequency of smoking indoors. Communicable disease spread may also be lessened if the people did not live so closely with the chickens and pigs, as many roamed freely in and out of the homes. Also, she noted that some of the women experience neck and median nerve problems from carrying 5 gallon pails of water on their heads. There is a poor access to water, even when community wells have been dug. The laundry soap was often used for bathing purposes and many complained of rashes and itchy skin as they have little money to purchase mild face and body soap. She found that people were anxious to receive medication to help relieve pain from this mission and were focused on receiving medication rather than participate in education and exercises to prevent and/or relieve pain. This may not be the case in all circumstances but with the carrot of free medication and pain relief, this may have colored the perceptions of the Nicaraguan people in this village.

She suggested that information pictures which relate to the Nicaraguan culture and language could be helpful for them. Spanish language colored pictures of anatomy and function would have been a great asset. Many families only go to school until grade five as they cannot afford the \$8.00 American a year to attend higher education that is not government sponsored. The schools had little paper or books evident and sports

equipment was in poor repair. However, creativity could still be found in the people. She suggests that if people know that adaptation is important they can be very inventive, such as the man who uses old tires for shoes, thus, the old saying that necessity is the mother of invention.

for more information contact:

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Thank you very much Kathy for sharing your experience and telling us of some needs in Nicaragua.

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**Kathy Dumouchel, Canada**  
**(on Nicaragua)**

**Thank you all very much for your contributions to this issue.**

It is a pleasure to note that Panama, as a new Associate Member of WFOT now has a Delegate, Ana Luisa A. de Montenegro. Welcome to Valeria Andrea Ortiz Gonzales, 1<sup>st</sup> Alternate Delegate from Chile, and to Christine Kumchy representing the Caribbean Region. Thanks to Tammy Foote from Montseurat for providing articles to past issues of the WFOT Americas Region Newsletter. I am also happy to add Miriam Cohn, 1<sup>st</sup> Alt. Delegate from Argentina, Sharon Godwin, Delegate

from Bermuda, and Mary Evert, Delegate for the USA

As I have been asked by WFOT to continue this Newsletter, I encourage news and articles from all member Delegates for the issues which are distributed twice per year. I would expect to do the next one in December and hope that you will contribute news of your countries to share with your colleagues in the Americas Region and the other WFOT Delegates. You will also find articles from occupational therapists in non-WFOT member areas in the region as available as this provides us with a link with them and their work..

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