

OT Insight

Māramatanga whakaora ngangahau

**Magazine of Occupational Therapy New Zealand
Whakaora Ngangahau Aotearoa**



- Occupational therapy and prosthetic rehabilitation in New Zealand
- Occupational Therapy Week 2017
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From the editor

Kia ora koutou,

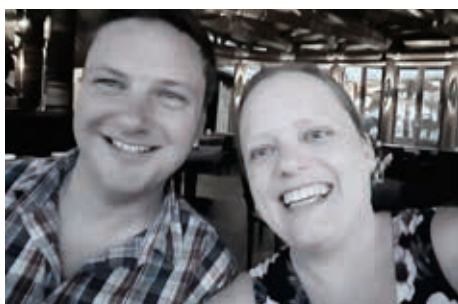
I am not sure how it got to December again already, but as I write this the sun is shining and I am thinking of beaches and BBQs.

It has been another busy year for OTNZ-WNA and also as the editor of the *OT Insight*.

I have had the pleasure of meeting and being in contact with some wonderful occupational therapists, from OTs who have been in the business for over 30 years, to final year students who are excited about the road ahead.

Occupational Therapy Week 2017 celebrations was a great success, and I enjoyed receiving updates and photos from OTs across the country. Thank you for sharing and participating!

I would like to thank everyone who has helped me with articles, ideas and positive feedback over the last year, and in particular members of my editorial team. I encourage you to keep sending in your ideas and stories, or perhaps make it one of your goals for 2018 to make a submission. I am here to assist with any writing ideas, and people need to hear about all of your great OT work!



Ewen and I in lovely Samoa

I have been practicing for my end of year belly dancing show, and am gearing up for the new Star Wars coming out soon.

I hope you, and your family and friends have a wonderful Christmas and New Year and we will see you in 2018.

Ngā mihi o te Tau Hou ki a koutou katoa



Cover photo: Canstock

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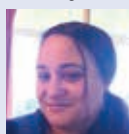
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From the Executive Director



Kia ora koutou

Just recently I had the opportunity to meet with a research organisation who are looking at, amongst other things, the future roles of the allied health professions with a focus on occupational therapists. We shared some interesting scenarios, led by predictions that 50% of traditional roles in America will

be replaced by interruptive technology in the form of artificial intelligence (AI) within the next two decades. One of the highlights of our recent conference in Nelson was a presentation on just this subject by Clive James. I have provided you a few links in this column, and hope that you find this subject as interesting as I do (<https://www.youtube.com/watch?v=ejczMs6b1Q4>). The following comment is taken from Clive's presentation: "Increasingly AI will be used to directly interface with health clients to complement therapist plans and inputs."

Here <https://www.youtube.com/watch?v=CH4TZteceas> is one example of how our real world and cyber worlds are beginning to mesh to create an alternative AI-assisted therapeutic reality in mental health. SimSense & MultiSense is a virtual human and multimodal perception AI system for healthcare support. I can't help thinking that occupational therapy is yet to come into its own, given its suitability to tackle the fallout of future interruptive technology.

Expressions of interest

As a membership body, we rely heavily on the voluntary contributions of our members. With our 2017-2022 strategy themes in place, the strategic focus for the next financial year is under way. Whilst the strategic themes remain the same for the next five years, the strategic focus is reviewed annually and updated. Expressions of interest are sought that relate to some of the strategic focus initiatives set out below.

Strategic Theme: Advocacy and Representation

Strategic focus:

- We will be keeping track of relevant developments (e.g. parliament subcommittees, consultations by government departments) and will ensure that Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa (OTNZ-WNA) gives feedback and/or makes submissions. To support this, by November 2017, we will have established an advocacy committee and the terms of reference for that committee, and identified issues that the committee will address.

Expression of interest. *Members are invited to put themselves forward to participate where appropriate on an advocacy task group. Please phone or email the office to register your name and areas of interest or expertise.*

- To increase the association's visibility and representation, by December 2017 we will have developed a programme to invite stakeholders/guest speakers from organisations that the association holds membership with to present at every full OTNZ-WNA council meeting.
- We will engage with at least two other allied health associations to present the OTNZ-WNA treaty relationship governance model, to their governance boards/councils by November 2018.

Strategic Theme: Professional Development and Lifelong Learning

Strategic focus:

- By February 2018, we will have identified subject matters and experts who will review the implementation of continuing professional development (CPD) programmes. At least one online CPD programme will be set up and run by June 2018.

Expressions of interest: *We are keen to engage with providers of professional development appropriate to occupational therapy to assist with the provision of the CPD programme. We welcome members' recommendations in this regard and contact from providers. Please phone or email the office and give your details.*

- A tool kit for private/independent practitioners to provide guidelines, information and resources for setting up or supporting private practice will be developed and uploaded to the OTNZ-WNA website by June 2018.
- A comprehensive 2018 Clinical Workshop timeline will be completed by November 2017.
- The Conference 2019 theme, location, Local Organising Committee and Scientific Programme Committee chairs will be confirmed by March 2018.

Expressions of interest: *We seek expressions of interest from members who wish to be considered for the role of Scientific Committee chair for the Conference 2019. Phone or email the office to register and to request a copy of the terms of reference.*

Strategic Theme: Growth and Sustainability

Strategic focus:

By March 2018, we will have developed a membership strategy to increase membership and to maintain existing members.

Strategic theme: Smart Communication Systems

Strategic focus:

By March 2018 we will have:

- An easily accessible and mobile compatible website platform to support improved communication with members.
- Integration of all our systems, which will automate many processes and create cost and time savings.

This is the last edition of OT Insight before Christmas. The office will be closed between 23 December 2017 and 8 January 2018. Christmas is a time to reflect on those who matter to you, including whānau, friends and colleagues. Take a moment to let them know that. On behalf of our presidents, councillors, and the team of staff and contractors – Hannah Cook, Louise Down, Jane Howley, Esther Bullen – and our tikanga advisors – whaea Iris and mātua Rackie Pahau – have a very Merry Christmas and a prosperous New Year.

Ngā Mihi o Te Wa me Te Tau Hou.

Peter Anderson
Executive Director

Occupational Therapy Week 2017



Over 90 toolkits were dispatched to participants for Occupational Therapy Week this year. This is the largest ever! We look forward to reporting further on the outcomes of OT Week, World Occupational Therapy Day and any contributions towards the World Federation of Occupational Therapists (WFOT) Give-a-Little fundraising campaign. The

campaign is to assist South African occupational therapists to attend the Capetown WFOT 2018 Congress who otherwise can't afford to do so. We will continue to run the fundraiser through the Christmas period. To make a donation please go to this link: <https://givealittle.co.nz/search?q=wfotcongress2018>



Making sure Occupational Therapists are heard

With a change in Government, OTNZ-WNA has written to Prime Minister Jacinda Ardern to reiterate the importance of having Occupational Therapists in schools. The letter can be read here: <https://www.otnz.co.nz/assets/Uploads/Letter-to-Prime-Minister-Ardern-271017.pdf>



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September 2018 Clinical Workshop in Napier

Please mark your diaries for the 2018 Clinical Workshop, which is to be held at the Napier Conference Centre from 16 - 19 September 2018. Shortly, we will be inviting you to submit abstracts and early submission is encouraged. The overarching vision for the 2018 Clinical Workshop is "Enabling Resilience and Sustainability" with the Conference 2019 themes currently being developed to showcase this vision.

Karis Boyd Memorial Trust Hardship Grant

We invite applications for the Karis Boyd Memorial Trust Hardship Grant. The grant is for students who will be entering their third year of occupational therapy studies in 2018 and who are experiencing hardship completing their undergraduate qualification in occupational therapy. Grants will be up to the value of \$500 and applicants must be a current OTNZ-WNA student member to qualify for consideration. Applications close on 15 April 2018. Please see our website www.otnz.co.nz (under the awards and grants link) for more information.

Occupational therapy and prosthetic rehabilitation in New Zealand: A new frontier

By Kate Livesey



Kate Livesey

Kate is an occupational therapist who has worked in the fields of rehabilitation and community practice for the past 22 years. She currently works for the New Zealand Artificial Limb Service, based in the Waikato. Kate received her Master's in Health Sciences degree in 2005 and has a keen interest in rehabilitation practice, and specifically the unique contribution occupational therapy offers to the interdisciplinary team.

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There are approximately 4,400 people living with limb loss in New Zealand. The majority are male (74%) and identify as New Zealand European (70%), with 13% identifying as Māori (New Zealand Artificial Limb Service, 2016). Of this larger group, approximately 20% have an amputation of the upper extremity, either at the level of the digits, wrist, radius, humerus or shoulder.

This article provides an overview of the nature of upper extremity amputee rehabilitation, the development of a newly formed occupational therapy role within the New Zealand Artificial Limb Service (NZALS) and finally some thought on our unique position as a profession to help meet the rehabilitation needs of this group.

Limb loss is undoubtedly significant, and for those with upper limb loss, it holds a distinct set of challenges. The resultant loss in ability to participate in activities with greater ease, efficiency and dexterity due to upper

extremity limb loss is, in some way, mitigated through the provision of a prosthesis (Atkins & Meier, 1989).

Essential in the provision of a prosthesis is the associated rehabilitation post fitting, as well as addressing pre-prosthetic needs to help enhance the acceptance and use of a prosthesis. Upper limb prostheses often have higher rejection rates compared to their lower limb counterparts (Atkins & Meier, 1989). Occupational therapy forms a critical component in the rehabilitation team (American Occupational Therapy Association, 2016) and, internationally, is usually the profession which leads upper extremity amputee rehabilitation programmes (American Occupational Therapy Association, 1989; Smurr et al., 2008).

The value of adding occupational therapy to the team was recognised by NZALS, which as of this year, established a position for an occupational therapist, based in their Hamilton centre. The position was created with the view to help shape and build on the prosthetic rehabilitation service for upper extremity amputees.

NZALS is a crown entity that holds a national contract to provide prosthetic, orthotic and rehabilitation services. Services are delivered at each of their five centres in Auckland, Hamilton, Wellington, Christchurch and Dunedin. Each centre also holds



Source: Canstock

Feature

outreach regional clinics and can offer telehealth options, where this is deemed clinically appropriate and acceptable to the client.

As an organisation, NZALS is uniquely positioned in that it has a “whole of life” relationship with the people it serves; there is no formal discharge policy as such. Rather, the focus is on addressing a client’s needs at the right point in time with the right expertise at each stage of a person’s journey. It is this approach, coupled with the vision and mission of the organisation – “independent and productive lives for our amputees” through enabling amputees “to achieve independence by delivering prosthetic, orthotic and rehabilitation services” (p.1, New Zealand Artificial Limb Service, 2017) – that provided a solid foundation and transition for the value and ethos of occupational therapy to be woven into service delivery.

What does occupational therapy in upper extremity rehabilitation involve?

Needs differ for each individual and depend on the time since amputation, whether they are a unilateral or bilateral amputee, the reason for amputation, co-morbidities, lifestyle factors, occupational preferences and goals (Atkins & Meier, 1989; Hermansson & Turner, 2017).

A holistic assessment which is client-centred and seeks to understand these factors, along with body structure, function changes, and environmental factors is where occupational therapy contributes key information to the whole team. In this new role, the occupational therapy assessment using the person-environment-occupation model (Law et al., 2016), seeks to establish the occupational performance issues each client may be experiencing due to their limb loss, and what their meaningful occupations are. Goals are identified, and together with the assessment information, is fed back to the team to help inform the prescription process, which is completed by the clinical prosthetist.

Typically, upper limb prostheses fall into one of three main categories: 1) passive cosmetic arm or hand; 2) mechanical body-powered prosthesis; and 3) myo-electrically controlled prosthesis with myoelectric sensors and/or switches (Atkins & Meier, 1989).

The rehabilitation process occurs across four main stages: the pre- or post-surgery phase; pre-prosthetic phase; basic ADL prosthetic training phase; and advanced ADL prosthetic training phase (American Occupational Therapy Association, 2016; Hermansson & Turner, 2017). In the first two stages there is an emphasis on preparing a person for possible prosthetic use, establishing their goals and providing support related to the psychological impact of limb loss. Following the fitting of a prosthesis, intensive training is needed, and involves teaching a client how to care for and use their prosthesis, e.g. how to control it, how to care for it, how to take off and put on the prosthesis, and how to use it with specific daily activities.

The components of rehabilitation are similar, independent of the type of prosthesis that is prescribed and fitted (Hermansson & Turner, 2017). Specifically, interventions often include:

- Desensitization, oedema management
- Referring on for scar management
- Energy conservation education
- Education on compensatory techniques and/or equipment

- Identification and support of psychological issues associated with limb loss
- Referring on for specific interventions outside scope of practice
- Work, task and environmental analysis
- Joint mobility and body protection principles
- Liaison and input regarding pain management
- Input into wearing schedule recommendations and monitoring
- Myo-control training
- Prosthetic training.

This staged approach to the rehabilitation process is how the occupational therapy role at the NZALS has been shaped. This helps to ensure clients are receiving interventions early to address occupational performance issues, and then once fitted, to learn how to integrate the prosthesis into daily life, with the goal to maximise prosthetic use. This approach sits in context of a wider interdisciplinary team. A critical part of the role is coordinating and collaborating with both internal team members and, with the client’s informed consent, those team members external to the organisation who are involved in the person’s overall care. This can involve a community occupational therapist, specialist driving assessor, contracted ACC therapist (occupational and/or physiotherapist) or rehabilitation service occupational therapist. A close working relationship between team members allows for the establishment of a prosthetic prescription and rehabilitation plan which capitalises on different professional skill sets to enhance the outcome for the client (Atkins & Meier, 1989).

What can we be doing as a profession to address the needs of people with limb loss?

Fundamental to our profession is the view that the client is at the centre, and we endeavour to understand their occupational engagement in the form and context that is meaningful to them. In doing so, we seek to establish occupational performance issues, and aim to enhance a person’s occupational performance, either through the use of occupation, re-training techniques, adaptation, use of adaptive aids and/or modification of environments.

In all our roles, when we work with a person with limb loss, albeit upper or lower extremity, we have the capacity to establish the occupational needs, goals and a plan of action. Specifically, we have the opportunity to use our skill set by offering the following types of interventions:

- Assist people to learn to do tasks when they cannot wear or use a prosthesis either for a long or short period.
- Help people to access information on where and how to purchase adaptive aids to support engagement in occupations.
- Provide education on the impact of limb loss on energy levels, and the value of energy conservation and work simplification principles.
- Assist people to change hand dominance. Check out the book called *Handwriting for Heroes: Learn to Write with Your Non-Dominant Hand in Six Weeks* by Katie Yancosek, Kristin Gulick and Erin Spears.

- Collaborate with the NZALS centre – with a client's informed consent – through exchange of information to help inform both your own and the centre's rehabilitation plans.
- Seek input from the NZALS centre when you are completing vocational assessments and return-to-work plans to ensure prosthetic use for work tasks is appropriate and any possible limitations are known.
- Assess and help people access equipment and environmental modifications.

Finally, it is important to remember that being a successful prosthetic wearer takes time, a significant amount of new learning and a lot of energy. For most clients, there are periods of time where a prosthesis cannot be used for reasons such as wearing intolerances, repair issues or other medical complications. We will help our clients by remembering to help set up their environments and teach skills for those times that wearing a limb is not possible or tolerable.

Where can I find out more information?

www.nzals.co.nz is the website for the New Zealand Artificial Limb Service, and contains a lot of information about the service, contact details of each centre, resources and frequently asked questions. As well as our referral form.

www.amputee.co.nz is the website for the New Zealand Amputee Federation.

kate.livesey@nzals.co.nz is the contact email for Kate Livesey, the occupational therapist based at the Hamilton NZALS centre. Please email her for further information or if you wish to liaise about a specific situation. Kate is based in Hamilton, but has links with all NZALS centres, so if your enquiry is related to another region, you are still most welcome to make contact with her.

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Professional supervision for personal well-being

By Jill Secker



Jill Secker

Jill Secker is a professional supervisor with a background in occupational therapy who has provided supervision to people in helping professions since 1999. Jill has worked in hospital systems, private practice and with a variety of social agencies in New Zealand and overseas. She is passionate about the value of practitioners attending to their own well-being. Jill lives in Whangarei, but enjoys connecting with supervisees all over New Zealand through her business, Emerge Supervision Services.

Recent local media reports drew attention to a landmark wording change prompted by a New Zealand doctor.

Dr Sam Hazledine's efforts have led the World Medical Association (WMA) to amend the Declaration of Geneva – the vow made by doctors upon entering the profession. The new clause states: "I will attend to my own health, well-being and abilities in order to provide care of the highest standard."

It is hoped that this amendment from "patient first" to "self-first" will sow the seed for cultural change, and in turn, reduce instances of burnout in medical professionals worldwide.

It will be no surprise to occupational therapists reading this article that burnout is rife in health professions. In the small occupational therapy community in New Zealand, few will remain untouched by the burnout experience – either personally, or amongst colleagues or friends – over the course of their careers. In 2012, Gupta et al described burnout amongst occupational therapists as "a complex issue" (Gupta et al, 2012, p. 94).

Unlike doctors, no wording change is needed within the occupational therapy profession, just a commitment – or recommitment – to utilising an existing "vital job resource" (Beddoe, L., & Davys, A., 2016, p 72). In this article, I explain how professional supervision has a protective effect that can mitigate the psychosocial stressors of the workplace by increasing practitioner resilience. Where and how occupational therapists choose to use professional supervision can have a profound effect on personal well-being.

Psychosocial stressors in the workplace, and practitioner resilience

Worldwide health literature demonstrates increasing support for the value of strong practitioner resilience in combatting psychosocial stressors in the workplace (Beddoe, L., & Davys, A., 2016). Other authors state "the benefits of building resilience include lowering vulnerability to adversity, improved well-being


and achieving better care outcomes." (Jackson, D., Firtko, A., & Edenborough, M., 2007, p 7). McCann et al define resilience as "the ability to maintain personal and professional well-being in the face of ongoing work stress and adversity", and identify that "developing and fostering resilient environments and individuals within the health profession is emerging as a way to reduce negative, and increase positive, outcomes of stress in health professionals" (McCann, C. et al, 2013, p 60).

Impact of supervision

Supervision is being identified by authors and study participants from a variety of health professions (although not yet occupational therapy) as vital in the nurturing of practitioner resilience and well-being, (Beddoe, L., Davys, A.M., & Adamson, C., 2014. Chiller, P. & Crisp, B.R., 2012. Linley, P.A., & Joseph, S., 2007). Throughout a practitioner's career from student to new graduate and to experienced therapist, supervision is credited with "its ability to act as a medium through which stresses and concerns can be externalised and explored." (Chiller, P. & Crisp, B.R., 2012, p 236).

In order to effectively manage work-related demands, Gardener and O'Driscoll recommend initiatives at three levels: primary – reducing the causes of stress and increasing factors that support well-being; secondary – teaching individuals to manage stress; and tertiary – supporting those who are experiencing stress (Gardner, D. & O'Driscoll, M., 2007, p 253). Beddoe and Davys have extensively explored the literature on factors contributing to practitioner resilience in social work, nursing and some other allied health fields. They identify the availability of "job resources" to support positive work engagement and performance, and argue that "supervision is a vital job resource" (Beddoe, L & Davys, A, 2016, p 72).

Regardless of the stage of career, professional supervision can have a protective, mitigating or supporting role in the therapist's management of psychosocial stressors in their workplace.



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Including you.

Anne Lamott

Supervision and occupational therapy

Currently, there is a lack of literature directly linking the benefits of supervision to supporting occupational therapist resilience. In an article identifying factors that influence the professional resilience of occupational therapists in mental health, Ashby et al conclude that “developing services that offer professional supervision appear to be critical in the maintenance of professional resilience” (Ashby, C., et al, 2013). Carolyn Simmons Carlsson explored the idea of individual professional development through knowing thyself, owning your actions and growing thyself (S, Carlsson, 2009). She supports building practitioner resilience to cope with change through supervision and other reflective opportunities.

The occupational therapy profession in New Zealand has a history of engaging in supervision to support practitioner growth, skill development, quality of client service and client safety. The Occupational Therapy Board of New Zealand – Te Poari Whakaora Ngangahau O Aotearoa (OTBNZ) requires that “occupational therapists receive effective professional supervision relevant to their work setting. It is considered to be a critical component of continuing competence”


However, not all supervision is created equal. Supervision can have a variety of emphases, from professional development and client quality to organisational goals. In order to be of most value in increasing professional resilience, supervision needs to have a strong element of practitioner well-being in its focus. (Beddoe, L., & Davys, A., 2016). Supervision with a practitioner well-being focus might include identifying work-life balance issues, stress triggers and responses, encouraging the development of strategies for healthy work boundaries, and management of stress and time constraints. Building the well-being tools in a practitioner's toolkit and allowing a safe space to reflect on and plan for the work demands faced by the supervisee can assist to increase resilience.

Support from New Zealand health and safety legislation

For the past year, employee and contract occupational therapists alike have also had the law on their side. From 2016, new health and safety legislation came into effect in New Zealand. The Health and Safety at Work Act 2015 now holds workplaces explicitly responsible for taking steps to eliminate, or mitigate hazards to the mental (psychosocial) health and well-being of workers, rather than only their physical health.

The potential mitigating effect of professional supervision on workplace stressors and burnout in occupational therapy is gaining increased support from literature. When supervision has a focus on practitioner well-being and resilience alongside other more historic emphases of client quality and professional development, it forms a “vital job resource” to support personal well-being. So, with the mounting evidence of the value of professional supervision, along with the OTBNZ mandate, the New Zealand health and safety legislation and now even doctors acknowledging a need to look at their own well-being first, occupational therapists have even more justification for ensuring they receive well-being focused professional supervision – for everyone's benefit.

Full references available on request.



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Crafty Occupational Therapy

For Whakatāne woman Penny Gatenby craft is her passion. She has a craft room in her home and her hands are key tools. But earlier this year her life was turned upside down when out of the blue she lost feeling in both arms and that soon spread to her legs.

"I'm a member of the Whakatāne Twilight Marching Girls team. We were having coffee and suddenly I felt a painful electric shock sensation in my arms. My hands started to swell, turn red and itch."

Three hours later Penny lost feeling in her arms and a leg. "I thought I was having a stroke, so my husband took me to hospital."

It emerged that Penny had developed Guillain-Barré Syndrome (GBS), an inflammatory disorder of the peripheral nerves outside the brain and spinal cord. This causes rapid onset of numbness, weakness, and often paralysis of the legs, arms, breathing muscles, and face.

Whakatāne Hospital Occupational Therapist (OT) Kim Parnell says, the condition affects between 40-80 New Zealanders each year. It can occur at any age; however it is slightly more common in older age and in men.

"Most people recover but just how long that recovery period takes is uncertain," says Kim. "It can take several weeks to months. The prognosis for most is complete recovery; however 20-30% of people will be left with some degree of weakness or discomfort."

Nine weeks on, Penny remains in hospital but is slowly starting to get feeling back in her body. Her love of craft and the support of her family and OT at Whakatāne Hospital have been key to her progress.

"Flicking through a magazine in the hospital my husband spotted an advertisement for a knitting loom



GBS Patient: Penny Gatenby (centre) with Occupational Therapist Kim Parnell (left) and student Loren Thomas.

band and thought that would be something that would help get my fingers working again."

Penny spends several hours each week day, working with an occupational therapist at the hospital trying to regain her functional abilities. "At first I found it difficult to hold the knitting loom. I could only manage to knit a couple of rows at a time."

Now with feeling back in her hands and arms, Penny says she's in mass production, making a hat a day on the knitting loom.

"So far I've made 18 of these hats, hospital staff are now putting in orders and supplying me with colour requests and sometimes wool. It's been an overwhelming accomplishment."

"Getting that knitting loom was a turning point for me. I've had some really low times. Going from being an independent, active person to being in a wheelchair and having to rely on others with everything, has been very difficult to get my head around."

Penny says at her lowest she refused to drink as the loss of dignity was overbearing. "Kim really helped me to find a way through, not only physically but mentally as well."

Penny says she just wants people to know if they're ever in the same situation, there is hope. Recovery is gradual but you will get there.

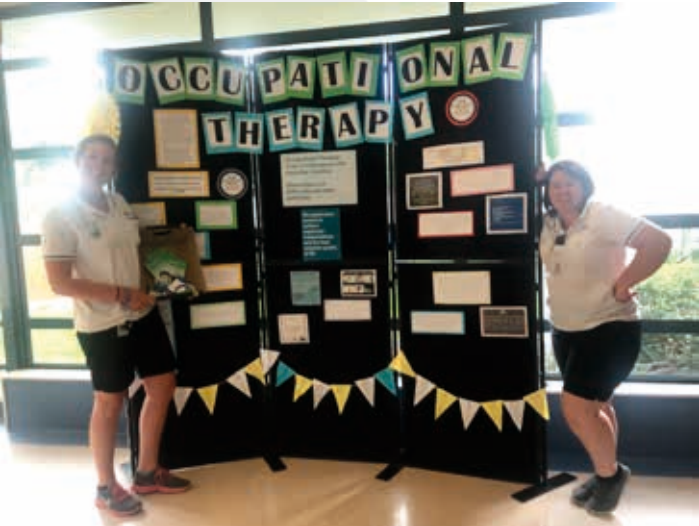
Occupational Therapy Week runs from 23-27 October and the theme of this year's celebration is social change and occupational justice.

An Occupational Therapist is a registered health professional who supports a person to restore and or improve their ability to perform tasks in their daily living and working environments. They work with individuals who have conditions that are mentally, physically, developmentally, socially or emotionally disabling.

By Stephanie Baird, Communications Advisor, Bay of Plenty District Health Board. Republished with permission.

OT Week

We hope you had a fabulous Occupational Therapy Week 2017! Thanks for sharing some of your celebrations with us!
#SocialChange #OccupationalJustice

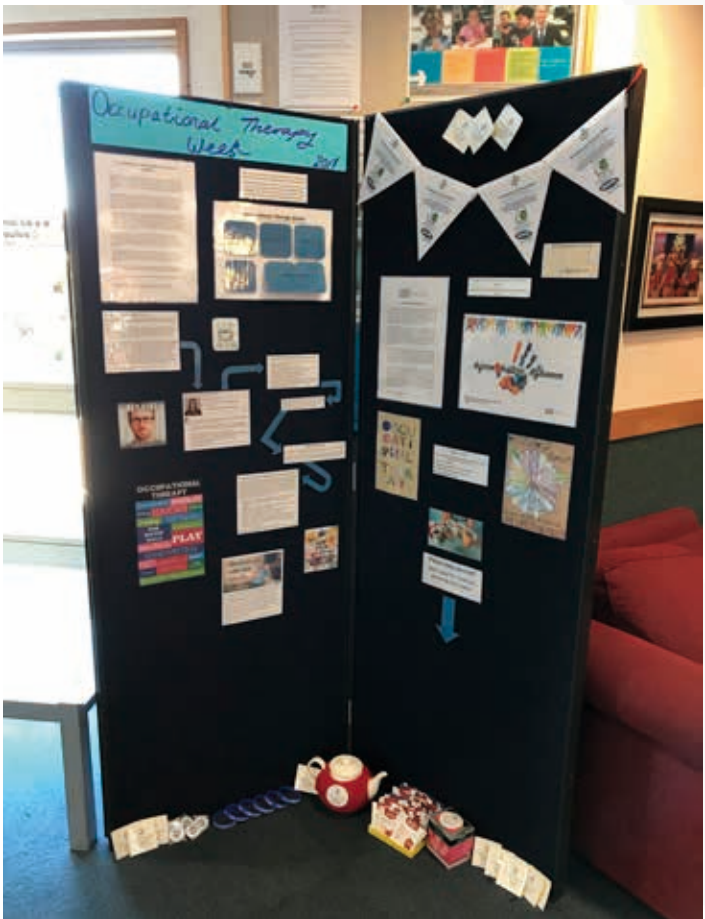


Occupational Therapy Week
23-27 OCTOBER 2017
#SOCIALCHANGE #OCCUPATIONALJUSTICE / WWW.OTNZ.CO.NZ.



Te Wiki o Te Whakaora Ngangahau 2017 (Occupational Therapy Week 2017) is shining a light on Te Tika i roto i ngā Whāinga Wāhi mō te tangata (Occupational Justice) and Te Panonitanga Pāpori (Social Change).

OT Week





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Using PAL to promote occupation for people with dementia

By Dr Linda Robertson and Anae Dixon



Anae Dixon is a recent graduate, occupational therapist. She currently works at Middlemore Hospital on a general medicine ward. Part of her role is involvement in a new project, where a delirium pathway is being implemented to provide quality care and rapid recovery for patients.

Anae Dixon



Dr Linda Robertson is an Associate Professor at Otago Polytechnic and Research Coordinator in the occupational therapy school. She teaches on the Post Graduate programme, facilitating courses and supervising

Linda Robertson

postgraduate students at Honours and Masters level. Linda is our Frances Rutherford Lecture Award winner for 2016.

Anae Dixon's research journey began with a fieldwork experience where she was exposed to the Pool Activity Level (PAL) Instrument for Occupational Profiling (Pool, 2012). This tool promotes occupation for people with dementia by enabling carers to select personally meaningful activities and present them at an appropriate level. The PAL instrument was designed to be integrated into day-to-day care provision by assisting all staff to acquire the knowledge and skills to provide meaningful activity. It has become a widely used framework in the United Kingdom for providing activity-based care for people with dementia, but there is limited use within the New Zealand context.

Anae thought this tool had great potential when working with people with dementia. What she liked, in particular, was that it was designed by an occupational therapist, was occupationally based and could be used by anyone, including family members to provide them with a tool to care for their loved ones at home. She wanted to help increase the knowledge and awareness of the tool in New Zealand.

A qualitative descriptive study was carried out to explore the tool's use and effectiveness within an older person's mental health setting in New Zealand. Six clinicians (occupational therapists and nurses) and carers with experience of using the tool were interviewed. This study concluded that the PAL instrument was an effective tool because it enabled carers and clinicians to work

with individuals at an appropriate level, promoting occupation in a person-centred way. The participants found that the benefits for patients with dementia included supporting independence, maintaining function, reducing frustration and agitation, as well as enhancing well-being and quality of life. Anae commented that it was particularly interesting to discover that people other than occupational therapists found PAL to be useful, and that it was regarded as being both time effective and a useful outcome measure.

In her current job on a general medical ward at Middlemore hospital, Anae is involved in a project about delirium and has been part of its development. This is in an acute setting where people with dementia also exhibit delirium. Anae was employed because of her knowledge of the PAL. She sold the idea of using PAL to the team, who had initially wanted a more medical outcome measure, but they were ultimately convinced that the PAL would be more useful because of its occupational focus. Trialling this tool required a modified version to be developed, so Anae contacted the developer of the tool in the UK to check out the feasibility of removing one subset of information, as it was not deemed relevant to the study. This modified version was subsequently adopted as an outcome measure where the scores from admission and discharge are being compared.

Anae says that gaining honours in her Bachelor of Occupational Therapy



Source: Canstock

helped her to get her current job working within the acute allied health team at Middlemore Hospital.

"People often say that doing honours does not make a difference. However, if you do your honours in something you are passionate about, it can definitely be an advantage when applying for a job. It also helps if it's an area you want to work in, as it gives you that extra focus".

When applying for a job in a general medical ward, the interviewers were interested in Anae's knowledge of the PAL. The occupational focus appealed, and Anae's conviction of the value of the tool led to it being chosen over other rating scales for the study of dementia and delirium at Middlemore.

"They wanted me to be involved in this delirium project because of my knowledge of the PAL and I find my job really exciting" says Anae.

"Sometimes there are troubleshooting issues, but I am learning about the realities of research processes."

Anae says she is sometimes concerned that the statistics may not show occupational therapy in a good light because there are so many confounding factors. "Figuring it all out and being involved in the measuring of promoting and using outcome measures is a challenging process."

Anae presented her work at the Alzhiemers New Zealand Conference this year when she was still an honours student. Many people were interested in the tool and spoke with her about it, which has increased her commitment to sharing her knowledge with others. Already she has demonstrated the PAL to colleagues, and assisted them to use it in their practice. Anae wants to continue using it herself to help others and plans to present her work to other occupational therapists, as well as explore the tool's potential further in a research project.

Resources

Pool, J. (2012). *The Pool Activity Level (PAL) instrument for occupational profiling: A practical resource for carers of people with cognitive impairment*. (4th ed.). London: Jessica Kingsley Publications.

This is the first article in a series that showcases research being done by occupational therapists as part of their postgraduate qualifications. We know that occupational therapists are interested in research findings that are generated by other New Zealand occupational therapists. So, please get in touch and tell us about what you are doing (or what you have done). Contact: mary.butler@op.ac.nz or linda.robertson@op.ac.nz

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Semester Two

Cognitive Approaches Across The Life Span

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Explore the supervision that you offer to others; within your own profession, to other professions and/or to students. Supervision skills for practice will be enhanced.

Low Vision Rehabilitation

Equipping occupational therapists to play a key role in ensuring that vision is taken into account when assessing, treating and advocating for every client with a visual impairment – whether they are children, adults with brain injury or older people at risk of falling.

Motivation and Behavioural Change

This course will provide students with frameworks that will enhance their interventions when working with people presenting with issues related to motivation and behavioural change within the New Zealand bicultural context.

Therapeutic Use of Self

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Understanding career development in health

By Mely Brown



Research Fellow
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Interprofessional Study
Department of Primary
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University of Otago
Wellington

Mely Brown



Students participating in interprofessional learning.

The influence of interprofessional education on career trajectories and attitudes to collaborative teamwork is being explored in a five-year study run by the University of Otago in collaboration with Otago Polytechnic and the Eastern Institute of Technology.

The Longitudinal Interprofessional (LIP) Study involves 600 graduates from eight health professions (occupational therapy, dentistry, dietetics, medicine, nursing, oral health, pharmacy and physiotherapy). It first surveyed students before they started their final year of training in 2015 or 2016, and continues with yearly surveys until their third year of professional practice in 2018 or 2019. The study recruited whole year groups from each discipline, so is a good representation of those entering the health workforce.

The LIP study explores attitudes and skills related to interprofessional practice, as well as early career trajectories and influences on these.

"There is a real lack of data about how new health professionals adapt to the

workforce and learn to work in health care teams. This study is one of very few longitudinal studies following students through their training, and then their early careers," says lead researcher and physiotherapist Dr Ben Darlow.

"Keeping track of these graduates as they enter the workforce and keeping them engaged with the study is a real challenge, but also an exciting opportunity to better understand early career development."

The research team highly value the contribution of the participants. To date, response rates to each survey round have been over 80%, and it is vital that these levels are maintained until the end of the study.

"From an occupational therapy perspective, taking part in interprofessional education gives students the opportunity to work with other students of various professions in a supportive and respectful environment. This enables them to explore their own role and others' roles," says Narinder Verma, Occupational Therapy Lecturer/Fieldwork Coordinator at Otago Polytechnic.

"The LIP study will explore how students and graduates develop skills in collaboration and communication. Findings from the LIP study will help us to prepare occupational therapy graduates to work in interprofessional environments."

As early careers can be very diverse, the survey adapts questions to suit each respondent. This captures the range of experiences, regardless of whether a participant is working in his/her clinical field, has changed to another career or is taking a break.

Early findings provide an interesting snapshot of health graduates. These findings show that:

- Occupational therapy is well represented in the study cohort, making up 11% of participants.
- Occupational therapy's response rate last year was a healthy 85%; this is above the overall response rate of 81%.
- The majority of graduate health professionals are female, with 71% of the study cohort and 94% of occupational therapy participants being female.
- The average age of participants across the eight disciplines is early 20s. However, there is a wide range of ages from late teens to early 50s overall. The average age of occupational therapists at graduation is 21 years.
- There are a variety of ethnicities in the study cohort, including New Zealand European (57%), Chinese (16%), Māori (9%), Indian (5%), Pacific (1%) and other (20%).
- Just 44% of participants grew up in major urban cities, with good representation of people from regional cities (29%), towns (15%) and small towns (11%).

Future results from the study will help shape the training of future occupational therapists in New Zealand and around the world. If you are one of the participants in this important study, the 2017 survey is out now. Every voice really does count! More information is at the study website www.lipstudy.researchnz.com



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Refugees feel the freedom of biking

By Hunter Calder



Nancy Garcia Hoyos learning to ride

Nancy Garcia Hoyos has been in New Zealand for just three months.

As a refugee from Colombia, she's overcome her fair share of hurdles as she learns the skills that will help her settle into a new country – things many of us take for granted, such as riding a bike.

"At the beginning, it's very hard because I never learnt before and I struggled to find my balance and I was going left and right," Nancy says.

She is one of 50 refugees in Hamilton who are part of a learn-to-ride programme at Hamilton Multicultural Services.

Sarah Johnston, who is an occupational therapist, teaches refugees how to ride and says it's rewarding finally seeing people who have never had the opportunity to ride, pedal off on their own.

"You take for granted that we all as children learn to grow up having a bicycle and we just do it from the get-go. And teaching adults recently, it's definitely harder because your centre of gravity is higher," Sarah says.

Passport to Drive manager Tania Pointon says teaching refugees to ride a bike around a park helps give refugees independence to move around the city.

"Initially, we had a series of Saturdays where they all started riding bikes for the first time and they had the handlebars the wrong way round. It was a bit of carnage, to say the least," Tania says.

"But over time it's a proud moment to see that massive smile on

their face where all of a sudden, they can get around, and don't have to rely on somebody picking them up and the traditional form of transport," Tania says.

Not only are they learning to ride a bike, they are now being given their own wheels thanks to New Zealand Post.



New bikes donated to refugees

Getting the bikes shipshape has given Colombian refugee Rolando Ruben Fiory Rios an opportunity to learn the skills of a mechanic.

He inspects chains, handlebars, and replaces tyres on the old bikes; and they are given a fresh lick of paint.

"This job is very important for me, very important for my work. Every day I keep busy – the mind is busy," Ruben says.

Tania says more funding is needed to ensure they can continue to pay Ruben to maintain the bikes and cover the costs of Anne-Lise Mouchel, who coordinates the programme.

"It's really cool and funny sometimes, they think you are still holding the bike when you are helping them, and they are like, 'Wow! I'm biking, woohoo!'," Anna-Lise says.

As it turns out, Nancy's a quick learner, and as her own biking skills improve, she's looking forward to the day she can pedal alongside her two children.

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ACT for Addictions *Intermediate Level - Skills building*

HAMILTON: 3 August 2018
AUCKLAND: 23 August 2018
COST: \$220 (early bird rate)/\$260 (full rate)

Understanding ACT Workshop - ACT Skills Development Workshop (part 2 of 2) *Beginner/Intermediate Level*

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HAMILTON: 28 & 29 May 2018
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ACT For Anxiety *Intermediate Level - Skills building*

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AUCKLAND: 21 August 2018
COST: \$220 (early bird rate)/\$260 (full rate)

Developing & Expanding ACT skills *Intermediate/Advanced*

AUCKLAND: 13 & 14 September 2018
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AUCKLAND: 12 & 13 June 2018
COST: \$455 (early bird rate)/\$495 (full rate)

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- 20-22 **Oceania Seating Symposium 2017**
Rotorua Energy Centre.
For more information visit
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December 2017

- 6 **ACC Housing Modification Workshop**
Christchurch
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- 7 **ACC Housing Modification Workshop**
Auckland
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February 2018

- 26-27 **Understanding ACT Workshop- An Experimental and Practical Introduction to ACT (Part 1 of 2)**
Beginner Level - Auckland for more information visit
www.nz-act-training.com
- 27 **Show Your Ability Roadshow – Auckland**
ASB Showgrounds, Auckland
For more information visit
www.3am.net.nz/show-your-ability/

March 2018

- 1 **Show Your Ability Roadshow – Hamilton**
Claudelands Events Centre, Hamilton
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www.3am.net.nz/show-your-ability/
- 2 **Show Your Ability Roadshow – Palmerston North**
Central Energy Trust Arena, Palmerston North
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- 5-6 **Understanding ACT Workshop- An Experimental and Practical Introduction to ACT (Part 1 of 2)**
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- 5 **Show Your Ability Roadshow – Christchurch**
Pioneer Recreation and Sport Centre, Christchurch
For more information visit
www.3am.net.nz/show-your-ability/
- 6 **Show Your Ability Roadshow – Dunedin**
ASB Showgrounds, Auckland
For more information visit
www.3am.net.nz/show-your-ability/

April 2018

- 2-4 **Rehacare & Orthopedic China 2018**
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- 30 **Understanding ACT Workshop- An Experimental and Practical Introduction to ACT (Part 2 of 2)**
Beginner/ Intermediate Level - Auckland for more information visit www.nz-act-training.com

May 2018

- 1 **Understanding ACT Workshop- An Experimental and Practical Introduction to ACT (Part 2 of 2)**
Beginner/Intermediate Level - Auckland for more information visit www.nz-act-training.com
- 21-25 **WFOT Congress 2018**
Cape Town International Convention Centre, Cape Town, South Africa
For more information visit www.wfotcongress.org
- 21-25 **Understanding ACT Workshop- An Experimental and Practical Introduction to ACT (Part 2 of 2)**
Beginner/Intermediate Level - Hamilton for more information visit www.nz-act-training.com

June 2018

- 12-13 **ACT for Living with Chronic Pain - Auckland**
see www.nz-act-training.com for further details

July 2018

- 13-14 **Understanding ACT Workshop- An Experimental and Practical Introduction to ACT (Part 1 of 2)**
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- 1 **ACT For Anxiety Intermediate Level Hamilton**
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- 21 **ACT For Anxiety Intermediate Level Auckland**
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- 23 **ACT Addictions Intermediate level - Skills building**
Auckland see www.nz-act-training.com for further details

September 2018

- 13-14 **Developing & Expanding ACT Skills**
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