OCCUPATIONAL THERAPY NOW

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Everyday Stories

Passion: A reflection on its presence in my occupational therapy practice

Sarabjeet Charchun

Sarabjeet Charchun graduated from the University of British Columbia with a bachelor of science in occupational therapy in 1998. Throughout her career, she has been very active in the British Columbia occupational therapy community, and in 2013 was awarded the Canadian Association of Occupational Therapists – British Columbia (CAOT-BC) Outstanding Occupational Therapist of the Year Award. The following was adapted from Sarabjeet's address at the CAOT-BC Annual General Meeting Award Ceremony on November 2, 2013.

When the formal announcement was made that I was receiving the CAOT-BC Outstanding Occupational Therapist of the Year Award, a very wise occupational therapist mentor overheard me say, "Now I feel the pressure to be brilliant." This wise mentor turned to me and said, "Sarabjeet, just be yourself."

This comment hit a chord with me and so I chose to share with you a key notion that I have tried, with intention, to live and incorporate in my personal and professional life. That key idea is passion: passion reflected in the occupations of life, passion for what each one of us contributes and passion for our profession, which ultimately serves our clients.

Passion is expressed in many areas of life, including a passion for food, music and sport, and many people have dedicated their lives to these fields. One area of great passion for me is watching my own children grow and experience the world as they discover passions of their own. I am completely amazed when my daughter, at age seven, has tears in her eyes during a concert of her favorite artist, and when my son, at age six, loses track of time when absorbed in his Lego toys and announces, "Mommy, Daddy, I love to build things...I want to be an engineer."

I came up with a term for those of us who engage in this idea of passion: *Passion Protectors*. This is my term to describe those who live with passion, recognize its importance in all aspects of life and actively strive to live in it every day.

As an occupational therapist, my experience is that our practice models are in tune with the idea of passion, and practicing occupational therapy is a way for us all to be 'passion protectors.' Key words used to describe our work and philosophy include passion-filled terms, such as meaningful occupation, client-centred practice, enabling and advocacy. These relate to all areas of life: self-care, productivity and leisure. These areas are all encompassing; this is where the living and breathing of passion are expressed. In fact, we often are involved in a point in people's lives where there is limited hope, limited motivation and limited belief. Passion may be weakening and our support is beneficial. We can be the light that fires the passion once again in the lives of those we serve.

When talking about my own passion and what drives me, here are a few quotes that express it well:

"There is no greater thing you can do with your life and your work than follow your passions - in a way that serves the world and you." - Sir Richard Branson

"Allow your passion to become your purpose and it will one day become your profession." – Gabrielle Bernstein

These quotes support the fact that my career choice is about service. This is how I see it and how I live out my deepest values and beliefs. This is my passion. Occupational therapy has given me a forum, a medium from which I can serve, through which I can enable and support the passions of others. How lucky, because not only can I serve others and their passions, in doing so I feed my own.

Sarabjeet with her husband and two children: the Passion Protectors in her life.

The primary influence for me is my spiritual perspective. I am a Sikh, and my core values within my spiritual perspective include working an honest living, living a life of reflection and prayer, and sharing with others. In the Sikh faith there is a strong element of social justice. As an occupational therapist, I partake in advocacy each and every day when I am able to support each client in realizing his or her potential and reaching goals, via occupation. This is not just a career for me; it is one of the ways I enact my deepest beliefs and values about life and the place I hold in this world. I am serving others; I am igniting or restoring passion in the people I serve through occupation. Occupation is my tool.

Three other very strong ways that have assisted me in growing and maintaining my passion for occupational therapy include:

1. *Volunteering* - I have volunteered with professional associations, such as the former British Columbia Society of Occupational Therapists, the Canadian Association of Occupational Therapists (CAOT), the University of British Columbia Department of Occupational Science and Occupational Therapy and other organizations. I have just said 'yes' when asked to volunteer.

   I would like to point out a statement from a recent CAOT brochure, "Membership allows you to lead, innovate and inspire." Lead, innovate and inspire - all words that point toward passion. Saying yes to this simple means of belonging has provided me with opportunities to lead, be innovative and be inspired. Even before I graduated from my occupational therapy program, I said 'yes' and opened the door to invaluable mentorship access and a front row seat to a wide variety of practice issues that deepened my understanding of the issues facing occupational therapy practice in the real world. I hope you will encourage others to do the same.

2. *Education* - Participating in ongoing education has also nurtured my passion. Conferences, courses, books, seminars - any opportunity to develop my knowledge about a subject that would influence my practice and ultimately benefit my clients is worth it to me. I find it energizing to open up my mind to something new, to be in the presence of other students of life who are as eager as I am to learn, and to subsequently share my new knowledge. The greatest thing is that I will never be done learning and that is exciting to me, another driver of my passion.

3. *Students* - Supervising students on fieldwork placements is a way that keeps me excited and fresh, and often is an opportunity to be updated about what is new in our profession. I am very clear about telling my students that in a very short time he or she will be my colleague and a representative of the profession, so it is to my own detriment if I do not offer the best experience possible. I get energy and inspiration from my student experiences.

Do not forget the reason you were inspired to be an occupational therapist in the first place. Say 'yes' to volunteering, take educational opportunities when they present themselves and supervise student placements. I believe these will all play a role in enriching you as an occupational therapist as they have for me. They have contributed to protecting my passion for the profession.

I want to take the time now to thank a few of the passion protectors in my life. First, my father, who I lost more than three years ago. He always showed me how much he believed in and supported my dreams. He was my first passion protector. I want to thank my mother for her never-ending love, her encouragement to be the best I can be and for instilling in me how important being an independent, free-thinking woman is in this world. Thanks to my husband, who tells me that my passion for life is one of the reasons he loves me, and to my children, thank you for being proud of Mommy. Thanks to my brother, who is one of my biggest sources of support.

Thank you to all the amazing occupational therapists that I have had the pleasure of meeting in all the capacities through which occupational therapy has touched my life. Thank you to all the clients who allow us to serve them and be part of their journeys.

I am sure many of you have a reason or purpose for which you entered the profession. Let that purpose fuel you every day in your work and interactions with everyone you come across. I encourage you to reflect on your values and beliefs to continue fueling passion in your professional life. I challenge you all to be passion protectors, whether with your colleagues, students or the clients you serve.

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What's new

Claudia von Zweck retires from CAOT

After almost twenty years of loyal and dedicated service, Claudia von Zweck has decided to retire from CAOT to pursue other opportunities. During her tenure at CAOT, the organization has grown tremendously in terms of its professionalism, size, national reach and offering of programs. Claudia has earned national and international respect for CAOT and the profession of occupational therapy. We wish Claudia all the best in the future.

The CAOT Board of Directors has appointed Janet Craik as the Interim Executive Director of CAOT. Prior to coming to CAOT in 2007, Janet worked as an occupational therapist in the capacities of front-line practitioner, educator and manager. Her knowledge and expertise in project management and her research interests in knowledge translation and professional practice issues have helped her in her former role as the Director of Professional Practice for CAOT. With over 25 years of experience, Janet embraces her role as the Interim Executive Director and looks forward to position occupational therapy at the forefront of the changing health-care system.

Interprofessional dysphagia learning program

The Canadian Association of Occupational Therapists, Speech-Language and Audiology Canada, and Dietitians of Canada are pleased to announce a jointly hosted professional education program for occupational therapists, speech-language pathologists and dietitians in the autumn of 2015.

The three professional organizations have agreed to develop and deliver a multi-day intensive learning program for members to advance their knowledge and skills in dysphagia assessment and management, and to support collaborative interprofessional practice. While the final program is still being planned, the following principles will be used to guide the work of the planning committee:

- a focus on practitioners experienced in assessing and managing clients with dysphagia,
- a stated intention to support collaborative interprofessional practice,
- a stated intention to enhance understanding of professional scope and expertise,
- speakers will be drawn primarily from the three partner professions but may include others as needed to add depth to the program (e.g., physicians, ethicists, clients, etc.),
- elements of 'hands-on' training,
- will be evidence-informed and supported by current research, and
- will profile best practice in each discipline area and in interprofessional collaborative team approaches.

The partners in this event are excited by this development and are pleased to share news of it with members in a timely way. More information on the educational program will be available in the coming months to enable interested individuals to make plans to attend this important learning event.

CAOT research fellow

CAOT is pleased to offer a research fellow position again in 2014-2015. This 12-month position provides experience working at the CAOT national office to an occupational therapist with recent post-graduate qualifications. The goal of the fellowship is to offer work experience for occupational therapists that provides learning opportunities to develop leadership capacity, promote the role of occupational therapists in policy and representation, and address current professional issues influencing occupational therapy through the development and application of research in practice. For more information, visit the CAOT career listings at: https://www.caot.ca/caot_career_listings.asp?pageid=1001

WFOT Congress

The 16th International Congress of the World Federation of Occupational Therapists will take place June 18-21, 2014, in Yokohama, Japan. This year's theme is: *Sharing Traditions, Creating Futures*. For more information and to register, go to: http://www.wfot.org/wfot2014/eng/index.html
Registration deadline: May 31, 2014.

Canadian Occupational Therapy Foundation news

- The 2014 scholarship competition deadline is October 1, 2014. Please visit www.cotfcanada.org for more information.
- COTF is pleased to announce a new award in partnership with the Ordre des ergothérapeutes du Québec (OEQ). It is a clinical research award, to which both OEQ and COTF are contributing $2,500. The application deadline is June 30, 2014. Applications may be made via the COTF website (www.cotfcanada.org). For more information, please contact: skamble@cotfcanada.org
- COTF has been very active on Facebook. We share links related to the great work of occupational therapists, and we thank those of you who 'like' COTF on Facebook. Please continue to visit us at www.facebook.com/cotffce to learn about up-to-date COTF information.

CAOT 2013-2014 Midyear Report

Janet Craik, CAOT Interim Executive Director, and Paulette Guitard, CAOT President

The year feels like it has just started and now we need to take the time to reflect on what we have done, what we are planning and what we intend to do for the remainder of the year. As we have all come to know, our mission at the Canadian Association of Occupational Therapists (CAOT) is to advance excellence in occupational therapy. Reaching this midyear point, we have been successful in accomplishing our mandate with new initiatives, new resources and new projects. Highlights of these are presented for you below.

Membership services

October marked the beginning of a new membership year. In compliance with the Canada Not-for-profit Corporations Act (CNCA), CAOT made some necessary adjustments and now offers several member and associate categories. We are pleased to report that we have seen membership growth in every province in every category, with CAOT-BC seeing the largest growth, followed by the province of Quebec.

CAOT introduced a new membership category for

corporate associates. This category welcomes organizations, companies and service providers that share our professional interests, values and goals. This provides such corporate groups with an opportunity to establish an affiliation with CAOT and show their support for occupational therapy in Canada. We have seen tremendous interest in this category and numerous corporate associates have joined CAOT to date.

CAOT is continually enhancing membership services and providing value for its members. CAOT enhanced the professional liability insurance program by transitioning to BMS Group. BMS Group increased access to risk practice resources and specialized legal protection. The 'group funded retention structure' allows CAOT to reinvest unused funds into membership services, such as risk management materials and education to enhance members' practice.

CAOT partnered with BarkBuilder to offer a cost-effective website design platform. We negotiated for exclusive member rates for this extremely flexible and robust content management system. At its most basic level, members can sign up and create a website in a matter of minutes. We encourage members to enhance their practice and take part in this new benefit.

CAOT also strengthened the Member and Associate Assistance Program (MAAP) offered by Ceridian Lifeworks. Lifeworks uniquely delivers 95% of its MAAP services in person and works with specialized counsellors. With a service centre open 24/7, members benefit from trained consultants, confidential access to resources, tools and support, and specialized counsellors. Ceridian Lifeworks provides training and development sessions, including effectiveness seminars and other specialized services. We truly believe that this is the best MAAP we have ever offered to members.

CAOT purchased a building in Ottawa to house its national headquarters. Since 1995, CAOT has been located at Carleton University and has outgrown the space. We are fortunate to be in a financial position to purchase rather than lease our next property. Purchasing a building allows CAOT to develop equity in real estate and lower the costs of housing and operations at the national office. We are currently developing our new property to best suit our needs. All staff members are excited at this new opportunity in a new building. Change is always a great way to foster innovation and new ideas.

Learning services

In December 2013, CAOT released the special 80th anniversary edition of the *Canadian Journal of Occupational Therapy (CJOT)*. As we foster our partnership with SAGE Publications, we continue to be delighted by the innovations and support provided to members, such as email alerts.

We transitioned to a new eBook provider to enable the sale and purchase of CAOT publications in an electronic format. This platform allows an enhanced user experience and offers electronic examination copies of CAOT publications at no cost to instructors who are teaching courses relevant to the content matter. The CAOT publications team continues to deliver relevant publications to enhance occupational therapy practice. We are very excited to work with the authors of the *Canadian Occupational Performance Measure (COPM)* on the 5th edition of this outcome measure in 2014.

Since October 2013, CAOT has shipped its publications to 43 different countries representing all continents, with the exception of Antarctica. It's amazing to know that Canadian occupational therapy publications are available and accessible to the world.

With funding from Human Resources and Skill Development Canada (HRSDC), CAOT delivered a new series of 'train the trainer' sessions that allows us to build nationwide capacity in the implementation of strategies for interprofessional health-care providers to address elder abuse and mistreatment. CAOT developed new resources for health-care providers across Canada that provide information regarding elder abuse, including primary indicators, prevention, assessment, intervention protocols, relevant legislation, regulatory requirements and resources for older adults.

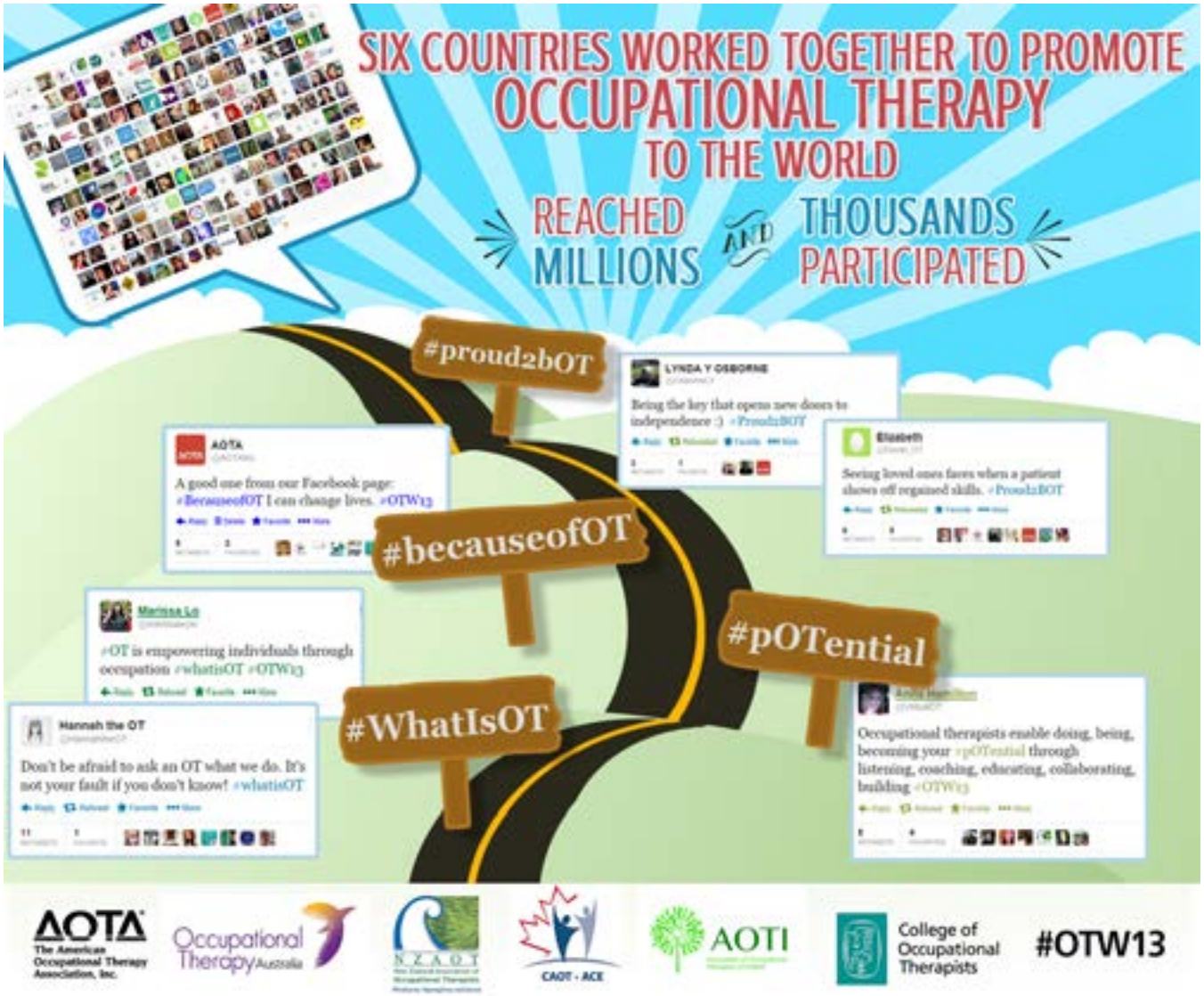
CAOT understands there is a need for timely and innovative professional education. We continue to offer interesting workshops and are looking to host several throughout the remainder of the year. We are once again offering Momentum this winter. Momentum provides opportunities for occupational therapists to work with a mentor to develop objectives around personal or professional growth, explore and potentially achieve those objectives, and gain an understanding of principles underlying mentor/mentee relationships.

CAOT offers Lunch and Learn and Water Cooler Talk webinars each month. These webinars aim to inform evidence-based practices and assist occupational therapists in achieving excellence in their professional practice. The archives also provide members access to education at their own time and pace. 2014 began with a dynamic miniseries, *Evaluation of Medical Fitness to Drive: Developing Competence in Canadian Occupational Therapy Practice*. This year's webinar lineup will offer something for all members.

Examination and accreditation services

CAOT protects the public interest with the National Occupational Therapy Certification Examination (NOTCE), which assesses the written application of academic knowledge and professional behaviour of individuals entering the occupational therapy profession in Canada. CAOT offers the NOTCE every July and November. The NOTCE was written by 787 candidates in 2013.

CAOT offers a number of NOTCE preparation tools. The Occupational Therapy Exam Module (OTEM) offers exam candidates the opportunity to work through and discuss the rationale and reasoning of responses for a series of NOTCE practice questions through a facilitated discussion with an experienced occupational therapist. Additionally, the Trial



Occupational Therapy Exam (TOTE) and accompanying manual provide candidates with 200 practice questions that are reflective of the NOTCE. This paperless, web-based resource introduces candidates to the format and type of questions found in the NOTCE, and was purchased by 550 exam candidates. Our transition to the new eBook provider delivers better service to our exam candidates.

In accreditation news, CAOT has been working with Physiotherapy Education Accreditation Canada to accredit college programs for occupational therapist assistants and physiotherapist assistants.

Professional affairs

CAOT published a joint position statement on *Professional identity, individual responsibility and public accountability through the use of title in occupational therapy.* Revised position statements published in 2013 included *Occupational Therapy in Primary Care* and *Enabling Health and Literacy in Occupational Therapy.* We also published reports from the 2013 Professional Issue Forums held at the CAOT Conference; this year the reports included *Occupational Therapy in the Criminal Justice System* and *Navigating Third Party Funders - Solutions that Work!*

CAOT engaged in social media this year like never before. Starting with live updates from the 2013 Conference, it's been a productive year in social media. Last October, using Twitter, CAOT (@CAOT_ACE) collaborated with the British Association of Occupational Therapists (@BAOTCOT), the American Occupational Therapy Association (@AOTAinc), Occupational Therapy Australia (@OTAust), Occupation Therapy New Zealand (@OTNewZealand), and the Association of Occupational Therapists of Ireland (@AOTInews) to promote occupational therapy to the world. We selected a weekly hashtag (#WhatIsOT, #pOTential, #becauseofOT, #proud2bOT) to engage in an international dialogue about the profession. Together we reached millions of people with thousands actively participating. Social media (Facebook, Twitter and LinkedIn) and the CAOT-BC blog have continued to grow each and every month and are reaching thousands daily. The CAOT-BC blog allows everyone to stay up to date not only on initiatives in British Columbia, but also important occupational therapy research and issues from across the country. Social media is increasingly becoming an important tool in the promotion and advocacy of occupational therapy in Canada and the world. CAOT remains committed to being a global leader.

CAOT has undertaken a 15-month advocacy and promotional campaign to increase the visibility of occupational therapy in Canada. Beginning in October 2013 (National Occupational Therapy Month), CAOT has developed monthly resources to help occupational therapists engage in a meaningful dialogue with clients, stakeholders, decision makers and other health-care providers.

Resources include a calendar, a vignette, a fact sheet, a customizable e-card and highlights of specific CAOT resources. Our online resources are free and we encourage members to advocate for their own practice and for the profession of occupational therapy by sharing them with as many people as possible. These resources provide ready-made advocacy kits for members.

Using the National Occupational Therapy Month resources, the CAOT Board of Directors have been actively engaging in meetings with members of Parliament from across the country and from various political parties, discussing and advocating for the role of occupational therapy in federal jurisdictions. Board members have been extremely successful during these meetings and are currently scheduling new meetings with other members of Parliament.

Additional highlights of CAOT's successes this year in advocating for and representing occupational therapy include the following:

- The Saskatchewan Society of Occupational Therapists requested CAOT's presence at a meeting with the Saskatchewan ministers of advanced education and health to campaign for an occupational therapy education program in that province. CAOT is dedicated to working with the provinces to advance occupational therapy education and access.
- CAOT has been working with the Congress of Aboriginal Peoples to discuss potential research and partnership initiatives to foster the inclusion and contribution of Aboriginal people within the occupational therapy profession. CAOT is also exploring the feasibility of obtaining financial support for Aboriginal youth training to become occupational therapists or occupational therapist assistants.
- CAOT continued its support of the role of occupational therapy services for Canadian Armed Forces members and Veterans. In November, CAOT presented a report titled, "Occupational Therapy: Supporting transitions" to the Parliamentary Standing Committee on National Defence.
- CAOT-BC participated in a round table discussion on the topic of service delivery to Canadian veterans, hosted by the Honourable Hedy Fry, member of Parliament for Vancouver Centre.
- CAOT attended a forum titled, "Minding the Gaps: Engaging our Partners in Ensuring Continuity of Essential Needs for Veteran Offenders," sponsored by the Correctional Service of Canada. The forum focused on presentations by academics and practitioners who emphasized that there is an overrepresentation of young and old veterans in correctional facilities in both Canada and the United States due to a range of society reintegration issues faced by veterans returning from deployment.
- CAOT advanced the role of occupational therapy in Canada's health system by actively engaging in major national health coalitions, including the Health Action Lobby (HEAL), Research Canada, the Canadian Coalition for Public Health in the 21st Century (CCPH21) and the Group of Seven Health Professions.

These are just a few examples of the advocacy initiatives that we have been engaging in. We are already planning and developing new opportunities for 2014 to discuss the role and benefits of occupational therapy.

Moving forward for 2014

Even at this midpoint of the year, we still have so many interesting activities and initiatives ahead of us that members and non-members will not want to miss out on.

Conference 2014 is on the theme of "Reflection on Occupation: Enabling Healthy Communities," and will explore strategies for mobilizing healthy individuals, families, groups and communities. The conference is co-hosted with the New Brunswick Association of Occupational Therapists, and will be held May 7-10 at the Fredericton Convention Centre.

Continuing to address the challenge of translating evidence into practice, we have added a new session format this year, the Knowledge Translation (KT) Café. In this session, each of four groups of presenters will provide a short synopsis of their project findings then facilitate discussion with small groups of participants. Participants will rotate among the four groups of presenters during the session. We are confident that the KT Café will be a dynamic way to engage in knowledge translation.

The professional issue forums are very timely and will provide delegates a chance to reflect on the emerging role of occupational therapists in suicide prevention, and interprofessional education and collaboration. CAOT will also host its first CarFit training session and a public event as a preconference workshop.

CAOT continues to foster professional partnerships with funding partners (e.g., Employment and Social Development Canada, New Horizons for Seniors Program), sponsors (e.g., Canadian Mortgage and Housing Corporation) and national think tanks (e.g., The Conference Board of Canada) to provide opportunities to enhance the visibility of occupational therapy.

CAOT occupational therapy practice communities continue to develop and build on their specific areas of interest. The communities include groups focused on mental health and addictions, Aboriginal health and practice leadership, among others. CAOT recently introduced a new practice community, Occupational Therapy within the Military and Veterans Affairs. Community activities will include a blog that highlights research and provides up-to-date news on issues relating to health and wellness. Look forward to a year of interesting discussion and knowledge sharing in our dynamic practice communities.

Look for continued development of CAOT's participation in some of its most interesting activities, from older driver safety activities like CarFit, to a new Canadian Institutes of Health Research Café Scientifique, where members will share the latest research in the community. CAOT continues to build on the strategies for interprofessional health-care providers to address elder abuse and mistreatment as well as encourage more trainers to host regional workshops.

CAOT-BC continues to engage the occupational therapy community, represent the professional interests of British Columbia occupational therapists and promote the voice of the occupational therapy profession in this province. CAOT-BC continues to build on the success of special interest group activity. It provides representation on several committees, task groups and other meetings, including: Health Sciences Association, Driver Fitness Advisory Group (BC), BC Workforce Collaborative, Pediatric Occupational Therapy Council and Occupational Therapy Professional Alliance of Canada. CAOT-BC also collaborates with the Insurance Corporation of British Columbia to review and update the method of occupational therapist reporting.

Looking forward to the remainder of the year, CAOT will continue to engage and represent the professional interests of occupational therapists and promote the profession in Canada and abroad. We continue to encourage all occupational therapists to join, network and actively engage in CAOT. CAOT is a strong association because of the passion and dedication of its members, and we, together, can accomplish all that we have planned for this year and years to come.

For more information on the activities above or regarding other initiatives of CAOT, please contact Janet Craik at: jcraik@caot.ca

COLUMN EDITOR: SANDRA HOBSON

Time to advocate for policy promoting seniors' occupational participation to enable aging well

Valerie Wright-St Clair, Debbie Laliberte Rudman and Lisa Klinger

This paper is drawn from the Occupational Therapy and Advocacy Seminar sponsored by Western University in celebration of National Occupational Therapy Month 2013. It presents an argument for the timeliness of advocacy for occupational therapy's place in promoting seniors' aging well. In essence, we propose that: i) Canadian occupational therapists and scientists respond to challenges associated with the aging population, ii) the time is ripe for advocacy because enabling seniors to do the things they need and want to do to stay healthy and engaged is increasingly addressed as a policy objective by governments, and, iii) advocacy in the public policy context can be bolstered by drawing upon and generating evidence relating occupational participation to longevity, health and wellness.

The aging demographic

Many current occupational therapists have parents or grandparents born in the first quarter of the 20th century. Taking 1920 as the birth year in Canada, our fathers or grandfathers could be expected to live to age 59. Our mothers or grandmothers born the same year were expected to live to age 61. Fifty years later, for those of us born, or with parents born, about 1950, the expected lifespan had extended to 66 years for men and 71 years for women. Moving forward, our children born in Canada in the year 2000 are expected to live for 77 and 82 years for males and females respectively (Statistics Canada, 2013). That's about 20 additional years of life expected over four generations of families. It is easy to grasp the significance of the aging demographic when such numbers are multiplied across the entire Canadian population. Although increasing longevity is not the only reason for population aging, it is a contributor and underpins why promoting occupationally focused aging well matters. One occupation-focused imperative is to demonstrate that seniors' occupational engagement influences aging well.

Examining the evidence: The relationship between participation and aging well

There is expanding evidence for the positive association between seniors' participation in occupations and aging well. Physical benefits include enabling ongoing active engagement, decreased mortality risk and reduced risk of dementia. In particular, engagement in hobbies, gardening and dancing have been significantly related to decreased mortality risk (Agahi & Parker, 2008). Engaging in occupations is also related to psychological benefits for seniors. For example, participation in formal volunteering and physical exercise have been associated with greater satisfaction and contentment amongst seniors (Calderon, 2001; Cassidy et al., 2004). Furthermore, participating in occupations of personal importance seems to confer benefits for seniors, including lowered depression, greater life satisfaction and greater vitality (Eakman, Carlson, & Clark, 2010).

Intuitively we might assume that participating in valued occupations contributes to health and well-being more than other pursuits; we can now build a compelling argument from existing evidence. Yet we need to be attentive to whom such evidence relates. Although there are growing numbers of indigenous seniors and aging migrants within Canada, the relationship between participation and aging well is less studied for such subgroups. At the same time, studies with indigenous elders, including New Zealand Maori seniors and Alaskans, suggest that participation in cultural occupations has positive health benefits (Lewis, 2011; Waldon, 2004), and studies conducted in the United States point to the importance of engagement in meaningful occupations for aging migrants (Becker, 2003; Lewis, 2009).

Longitudinal studies also provide compelling evidence. The six-year Aging in Manitoba study examined the relationship between function, well-being and mortality with some 1,500 seniors (Menec, 2003). The findings showed that after six years the odds of dying were reduced for those with greater activity levels, and participating in faith-based or group social activities predicted better function. Although the social dimension of occupation engagement may be a mediating factor, participation in some solitary activities, including handiwork hobbies, music, reading and writing, was also related to happiness (Menec, 2003). The current Canadian Longitudinal Study on Aging, involving 50,000 men and women aged 45 to 85, will have much to offer as it aims to better understand the factors that shape the way Canadians age (Canadian Longitudinal Study on Aging, 2009). Its findings are likely to offer potent data for the advocacy efforts of occupational scientists and therapists.

A receptive public policy context

While the evidence to justify advocating for seniors' opportunities to participate in diverse occupations is compelling,

advocacy must also be attuned to the public policy context. Increasingly, both the Canadian federal government and provincial governments are articulating health promotion initiatives for seniors that emphasize participation in activities, healthy eating, avoiding falls, and other strategies to maintain health and well-being. For example, the 2006 *Healthy Aging in Canada: A New Vision, A Vital Investment From Evidence to Action* background paper focused on aging well through social connectedness, healthy living and falls prevention to add quality years to life (Healthy Aging and Wellness Working Group of the Federal/Provincial/Territorial [F/P/T] Committee of Officials [Seniors], 2006). It forms a backdrop to similarly focused reports subsequently developed at federal and provincial levels (British Columbia Ministry of Healthy Living and Sport, n.d.; Chief Medical Officer of Health, Alberta Government, 2013; Newfoundland and Labrador Aging and Seniors Division, 2010; Province of New Brunswick, 2012; The Ontario Seniors' Secretariat, 2013). As another example, the Public Health Agency of Canada (2012) has created a series of resources that demonstrate a commitment to the development of age-friendly cities and communities, based on the World Health Organization (WHO) initiative (2007). Such communities create social and physical environments aimed at enabling seniors to 'age actively,' emphasizing the important connections between opportunities for and engagement in various types of occupations for health and well-being (Public Health Agency of Canada, 2012).

Advocating from an occupational perspective

The call to action to address population aging is a clearly audible one. However, there is still much to be done across Canada to promote aging well. As articulated in the 2012 *Living Longer, Living Well* report, "few jurisdictions have grasped the complexity of illnesses and social challenges that too many older adults face" (Sinha, 2012, p. 5). The vital and unique contribution that occupational scientists and therapists can make to responding to such complexity is based in the use of an occupational perspective; that is, in the particular ways we think about the purpose, meaning and value of occupation in human life and our understanding of how it is influenced by micro- to macro-level contextual features (Njelesani, Tang, Jonsson, & Polatajko, 2012; Zur & Laliberte Rudman, 2013).

Given the evidence linking occupation to various health and well-being outcomes for seniors, we argue that occupational therapists and occupational scientists need to work together – in research, advocacy and program development efforts - to demarcate an occupation-based approach to promoting aging well. While we can contribute to ongoing programs that focus on risk prevention and accessibility, we also know that occupation-focused services can and should encompass more than this. In order to create such broad-based occupational-focused services, it is imperative that we engage in collaborative efforts that reach beyond occupational therapists and scientists to ensure the message regarding the importance of occupation is disseminated and mobilized. Potential ways forward include:

1. Align with broader policy initiatives, such as the Age-Friendly Cities initiative, to advocate for expanded efforts to address the range of occupations that contribute to aging well, such as the need to promote the age-friendly city dimensions of social participation, respect and social inclusion, and civic participation and employment (WHO, 2002, 2007; Zur & Laliberte Rudman, 2013).
2. Become part of larger interdisciplinary research initiatives, such as the Canadian Longitudinal Study on Aging, to add an occupational perspective to measures chosen and relationships examined.
3. Launch an initiative, perhaps starting with a think tank that includes policy makers, seniors and other key stakeholders, to identify the strategically important occupation-focused questions related to promoting aging well in Canada, and establish a diverse advocacy network of like-minded people in various types of sectors (e.g., health care, government, education, professional organizations, etc.).
4. Through partnerships with university programs, conduct systematic syntheses of existing knowledge addressing key occupation-focused questions related to promoting aging well. Package the results of such syntheses in user-friendly, easily accessible ways, and use the syntheses to generate new research questions and programs.

Occupational therapists and occupational scientists can make key contributions to promoting aging well in Canada through research, service and advocacy efforts aimed at ensuring seniors with diverse abilities and values have opportunities to promote their health and well-being through occupation. Given the contemporary demographic and policy context, it is time for occupational therapists and occupational scientists to take leadership roles in collaborative actions that enable advocating for policy promoting seniors' occupational engagement.

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Do Live Well update

CAOT is currently working in partnership with researchers at McMaster University, Queen's University and Université de Sherbrooke on the next phase of the "Do Live Well" project, exploring opportunities for promoting the health of older adults through activity participation. The Do-Live-Well framework outlines the links between activity patterns and health and well-being, and our current focus is on seniors who are at risk of activity disruption due to transitions related to housing, work or health. We will be engaging policy makers and seniors' advocacy groups to explore potential applications of the framework in policy and practice. Stay tuned!

COLUMN EDITOR: SANDRA HOBSON

Ageism and its effects on older adults

(Hedy) Anna Walsh

Ageist beliefs about older adults are often linked to many inaccurate misconceptions about the aging process (Perkins, Ball, Whittington, & Hollingsworth, 2012) that negatively affect older adults, their self-esteem and construction of self (Howie, Coulter, & Feldman, 2004). 'Ageism' is defined as a form of prejudice and discrimination based on age, which includes "any attitude, action or institutional structure which subordinates a person or group because of age" (Traxler, 1980, p. 4). Ageism is evident in areas of language, media and humour, among health-care workers, in the workplace, in the legal forum and as a form of social prejudice (Busse, 1968; Nelson, 2004). Examples of ageism relating to older adults include television shows where they are portrayed as physically inactive, cognitively impaired, needy and dependent. Greeting cards and jokes that belittle older adults, or advertisements that equate beauty with youth are also forms of ageism (Davys, 2008).

Occupational therapists play an important role in enabling individuals to engage in meaningful occupations (Rogers, 2005) and are thus uniquely positioned to advance future scholarship and educational opportunities (Perkins et al., 2012) to dispel myths about the aging process and to advance realistic appraisals of age-related losses and physical decline (Silver, 2003). The intention of this article is to inform and spur interest in discussions related to ageism and its effects on older adults, their construction of self and engagement in occupation.

Demographics

Canada is one of many countries experiencing a growing population of older adults, with 5,186,800 people aged 65 and over, comprising 14.9% of the Canadian population (Statistics Canada, 2013). Nearly 4% of the current population (1.6 million people) were reported to be over the age of 85 (Statistics Canada, 2006). Canada's population of individuals aged 65 and older is expected to increase to 25% (10.4 million) in 2036. By 2015, adults aged 65 and older are expected to outnumber individuals aged 15 and younger, and by 2056, 10% of the population will be 80 or older (Sheets & Gallagher, 2013). Projected increases to Canada's older adult population have fostered fears of rising health-care costs, reduced labor force participation, and an increased need for public pensions and other social services, which in turn have perpetuated the prevalence of ageist beliefs (Cheal, 2003).

Impacts of ageism

Ageist attitudes have been shown to affect older adults' experiences of receiving health-care services, whereby older adults may be marginalized (McKenna, 1997), receive less preventative care, or be dismissed or ignored for their chronic complaints (Magnet, 2001). Ageist beliefs have contributed to societal fears of older adults becoming a drain on the economy as a result of their need for caregiving and financial support (Chappell, 2001). Such beliefs influence health-care providers who often assume that mental decline is a natural occurrence of the aging process and that older adults are generally ill, prone to infection, listless and unable to engage in normal daily activities (Kausler, 1987).

Ageism has been cited as an underlying cause of senior abuse and continues to be one of the greatest challenges to promoting the safety and security of older adults, who are often ostracized from society, thereby contributing to paternalism, isolation, disempowerment and potential victimization (Health Canada, 2005). Despite enumerated legal guarantees of liberties, freedom and equality rights in legislation, such as that of the *Ontario Human Rights Code* (1990) and the *Canadian Charter of Rights and Freedoms* (1982), ongoing resistance to let go of established beliefs still persists (McKenna, 1997).

Western society's emphasis on the importance of individualism, autonomy, productivity and effectiveness (Angus & Reeve, 2006) has been shown to challenge older adults, as old age is often depicted as a negative event, discounting the many positive aspects associated with the aging process (Austin, 1985). The resultant effect has been

an emphasis upon the youth, the accumulation of wealth and a lack of support for Canada's older adults. This has led to a decreased valuing of older adults and a proliferation of ageist attitudes (Chappell, 2001) where the provision of care for an increasingly older population is conceptualized and equated with dependency (Sheets & Gallagher, 2013). Ageist beliefs portraying old age as an ongoing physical and mental deterioration (Dempsey, 2003) often stem from research examining institutionalized older adults that has been generalized to all older adults (Austin, 1985). Despite ongoing societal misconceptions about older adults, more than 90% of individuals over the age of 65 reside in the community, and only 5% over the age of 65 are institutionalized (Statistics Canada, 2006). Moreover, although 43% of people over the age of 65 suffer from chronic illnesses, on average they experience fewer acute illnesses and accidents than younger people (Dempsey, 2003).

An underlying paradox relates to an emerging use of the concept of 'aging well,' directed towards self-sufficiency and autonomy, which often undermines a need for care and creates instead a fear of dependency (Angus & Reeve, 2006). Demographic projections about Canada's aging populations often outline a bleak future pertaining to its ability to finance escalating costs associated with the care of older adults. As a result, older adults continue to be devalued and ostracized from society, with fewer opportunities to support their well-being (Cheal, 2003).

The construction of self

The construction of self is linked to an individual's social identity and personal history (Tajfel & Turner, 1986). Social identity theory was first introduced in 1959 by Henri Tajfel, who posited that an individual's identity was influenced by his or her membership in a social group and affected by issues such as racism, discrimination and prejudice (Tajfel & Turner, 1986). This theory was further developed in the 1970s by Tajfel and Turner (1979) to account for factors that influence identity formation and an individual's self-worth (Tajfel & Turner, 1986). The construction of self is affected by many factors and relates to the process of defining oneself within a broader social context, which is affected by health- and age-related changes, such as external visual cues of graying hair, stooped posture, baldness and frailty (Williams & Garrett, 2002), as well as by physical limitations (Dale, Söderhamn, & Söderhamn, 2012).

The construction of self is also linked to an individual's life experiences, such as marriage, having children, working, retirement, bereavement and chronic illness (Tajfel & Turner, 1986), as well as to participation in occupational activities (Phelan & Kinsella, 2009). Occupational identity relates to an individual's history of occupational participation (Kielhofner, 2008), where the emphasis in Western society on work and income has been shown to often result in feelings of low self-esteem during retirement (Tougas, Lagace, Sablonniere, & Kocum, 2004).

What occupational therapists can contribute

Occupational therapists are directly involved in examining occupations and their effects on individual health (Howie et al., 2004) and are thus uniquely positioned to facilitate the engagement of older adults in meaningful occupations (Rogers, 2005) to overcome and transcend the effects of ageism (Arber & Evandrou, 1993). The ability of occupational therapists to empower and contribute to enhanced self-esteem and overall quality of life among older adults (Scott et al., 2001) is premised on their realistic understanding of occupational engagement through the aging process and the deleterious effects of ageism.

In order for occupational therapists to build momentum and have an impact in combatting the effects of ageism, the following recommendations are proposed:

1. Opportunities to advance scholarly research and education about ageism should be a priority for occupational therapy programs. To advance a more realistic understanding of the aging process, all occupational therapy students should complete core curriculum that includes courses, placements and evidence-based research in gerontology (Angus & Reeve, 2006).
2. Collaboration with other health-care providers and relevant stakeholders must be prioritized to promote awareness of ageist attitudes and meaningful engagement in occupations for older adults (Cahill, Connolly, & Stapleton, 2010).
3. Occupational therapists need to advocate on behalf of older adults and raise awareness about ageism and its harmful effects. Therapists are encouraged to lobby members of Parliament in support of policy and legislative reforms to eradicate ageism.

Occupational therapists are uniquely positioned to enable older adults to enhance their occupational performance and overall self-esteem and positive construction of self. Their direct role as clinicians, researchers and educators can play an important role in advancing realistic appraisals of the aging process, in recognizing ageist attitudes and facilitating opportunities to promote (Howie et al., 2004) the engagement of older adults in meaningful occupations (Angus & Reeve, 2006).

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SENSE OF DOING

COLUMN EDITOR: SHANON PHELAN

An occupational perspective on child and youth mental health: Reflections from a school-based occupational therapist

Andrea L. Petryk

The rates of mental health issues in Canadian schools are concerning. As much as 14 to 25% of Canadian children experience significant mental health issues and 70% of adults with mental health issues report problems starting in their childhood and youth years (School-Based Mental Health and Substance Abuse Consortium, 2013). Most children do not receive treatment for mental illness because of limited access and availability of supports, and the discrimination and stigma related to mental health (Henderson, Evans-Lacko, & Thornicroft, 2013). This affects both academic success (Guzman et al., 2011; McLeod, Uemura, & Rohrman, 2012) and participation in non-academic occupations (Amaral, Geierstanger, Soleimanpour, & Brindis, 2011). I have personal experience with these issues myself, having experienced significant negative thinking, bullying and a distorted self-image in my school years, and major depressive episodes as an adult. With weak psychosocial coping skills and poor resiliency, my recovery was long and costly for the health-care system, my community of family and friends, and my career and personal goals.

Now, as a school-based occupational therapist with an insider perspective, I believe occupational therapy is uniquely situated to address the needs of children and youth with mental health issues, to assist children to reach their full potential in school contexts and go on to lead healthy adult lives. In this paper I will discuss how occupational therapists are not currently adequately addressing mental health issues in school-based practice, and propose that an occupational perspective is an important contribution that school-based mental health initiatives have been lacking thus far. To illustrate this point, I will draw attention to a recent national report that points to several areas of need to which occupational therapy could contribute. I will also share my learning, reflections and efforts towards refining my own school-based practice to encompass the full scope of occupation-based enablement, ensuring that mental health issues receive due consideration.

School-based occupational therapy and mental health

Occupational therapy has a growing body of knowledge and practice in school settings (Graham, Kennedy, & Stewart, 1990; Villeneuve, 2009). School-based occupational therapists provide intervention that ranges from direct therapy to collaborative consultation at the school or district level (American Occupational Therapy Association, 2010) and have generally focused on a child's areas of physical or mental disability that are in need of remediation or adaptation (Sahagian-Whalen, 2002). Many of us are not consistently using occupation-based models to guide our practice, or occupational language in school-based documentation (Benson, 2013). Through externally and internally imposed limits to occupational therapy practices, school-based occupational therapists have created a niche focussing on motor development and sensory processing models, occasionally venturing into behaviour, social skills and executive functions (Sahagian-Whalen, 2003; S. Qureshi, personal communication, October 18 2013). This description of school-based occupational therapy does not appear to address the full scope of occupational enablement, but resonates with how I was practicing.

I asked some of my non-occupational therapist colleagues outright: why is an occupational perspective overlooked when addressing concerns with children's mental health in schools? The response was most often: "We have psychologists, social workers and nurses for that." However, the Canadian Model of Occupational Performance and Enablement (Townsend, Polatajko, & Craik, 2007) clearly demonstrates that psychosocial concerns are part of the scope of practice of occupational therapy and reaffirms a focus on occupation as both the means and the outcome of our efforts. The mismatch between my perceived role and that which I portrayed to others (Mattingly & Fleming, 1994) left me with a certain dissonance in my school-based practice. How did I miss the opportunity to contribute my knowledge, skills and occupational perspective to an area with a pervasive need? I suggest three possible factors.

Firstly, there is a paucity of systematic research on occupational therapy interventions in the area of child and youth mental health, which places limitations on evidence-based practice (Arbesman, Bazyk, & Nochajski, 2013). Without an evidence-based tool kit to draw upon, occupational therapists working in schools may feel constrained in their scope of professional practice.

Secondly, perceived competence in relation to knowledge and skills in child and youth mental health varies substantially amongst school-based occupational therapists (Barnes, Beck, Vogel, Oxford-Grice, & Murphy, 2003; Milliken, Goodman, Bazyk, & Finn, 2007). Some occupational therapists may expect other disciplines to take over when mental health issues are identified, while others demonstrate an integrated understanding of the occupational therapist's role in schools that does not compartmentalize issues of mental health. Despite the Canadian Association of Occupational Therapists' (CAOT) position statement on *Occupational Therapy and Mental Health Care* (2008), which identifies the school environment as a setting in which occupational therapists contribute to mental health care, many of us are still unsure of how to proceed in school-based services.

Finally, interdisciplinary school-based teams are often not aware of occupational therapy's scope of practice in mental health. Raising awareness of what occupational therapists do, and the value of occupation as a determinant of health (Mikkonen & Raphael, 2010; Townsend & Polatajko, 2013) is critical to working with children and youth with mental health issues. This is particularly important in a field where occupational therapists are frequently supervised by members of other professions. While occupational therapists working with adults with mental health issues may be viewed within their interdisciplinary teams as being at the forefront of a paradigm shift towards the recovery model and principles of harm reduction (Merryman & Reigel, 2007), school-based therapists have maintained our traditional roles. Possibly, there may be a concern that an overtly occupational approach would reduce our credibility with colleagues from other disciplines (Mattingly & Flemming, 1994), or a fear of the consequences of stepping on colleagues' turf. Rather, occupational therapists should be working in collaboration and offering our unique contribution: an occupational perspective.

What might occupational therapists do?

After 15 years of pediatric practice, I was reluctant to let go of the knowledge and habits I had associated with my competence as a school-based therapist. However, as my awareness and knowledge changed, my practice needed to change as well. The following are some of my reflections as I strive to apply more of an occupational perspective in my school-based practice.

Risk

First, I had to take the risk of rethinking my practice. I started by showing my supervisor the Alberta College of Occupational Therapists' position statement on *The Role of Occupational Therapy in Psychosocial Interventions* (Alberta College of Occupational Therapists, 2009) to explain how much of my skills and training were being left unused. I then shared my dissatisfaction with the traditional role of school-based occupational therapists with my occupational therapy professional practice team. I began impromptu discussions with trusted colleagues from other disciplines about shared interests and complementary approaches.

This prompted me to dig deeper with the children, families and teachers I worked with in schools to find the real root of the problems presented in a referral (S. Qureshi, personal communication, October 18, 2013). It became less important to prescribe activities for a sensory diet than to develop an occupational profile for the student to see how performance, imbalance and deprivation impacted their occupational engagement. 'Fine motor problems' written on a referral form took on new meaning for me as I began to look for the impact of printing skills on the role of the student in the classroom and his or her perception of self. I began asking students what was important to them and making recommendations that built on their strengths.

Growth

Once I saw the real needs and issues of my clients, I needed to address areas of weakness in my professional skills. I informed myself about the work of occupational therapists at children's hospitals and community mental health agencies. I started to attend

Report from the School-Based Mental Health and Substance Abuse Consortium

Revelations in the 2013 School-Based Mental Health and Substance Abuse Consortium (SBMHSAC) report, commissioned by the Mental Health Commission of Canada, demonstrate current needs and point to potential roles occupational therapy could have in addressing mental health issues in schools. In this report, *School-Based Mental Health in Canada: A Final Report,* the consortium identified best practices from the literature for school-based mental health promotion, prevention and intervention services. Successful promotion programs are universal, based on systematic teaching of skills, and implemented over the long term. By creating a culture of well-being and belonging for all students, coping ability is increased for a variety of emotional and behavioural problems. Effective prevention occurs through early screening, and behavioural and cognitive-behavioural intervention to develop specific skills. However, problems of stigmatisation of students identified with mental health issues, suicide and substance abuse have yet to be adequately addressed in schools. These complex issues may need a broader approach involving peers, family and community-level intervention (SBMHSAC, 2013).

A review of current mental health programs in Canadian schools revealed a significant gap in programming and services for children in preschool and elementary school. Most programs reviewed targeted youth in grades nine to 12 and did not appear to be informed by best practices. Implementation and sustainability of initiatives were facilitated by partnerships, local capacity, a perceived need and available leadership. In a national survey, 80% of both district and school personnel reported unmet mental health or substance abuse needs in their board or school (SBMHSAC, 2013). It is encouraging that educators appear to be raising awareness of current issues in child and youth mental health, but a unifying vision for programming and services appears to be lacking.

Our training as occupational therapists thoroughly equips us to address the mental health needs of children and youth in schools as they are described in the consortium's report. Many themes are essentially occupational: the need for universal programming, the acquisition of life skills, recognition and fostering of community partnerships, peer and family involvement, challenging cultural environments of stigmatization and discrimination, and developing a culture of wellness for all students. Challenges in addressing suicide and substance abuse in schools appear to require a broad understanding of how a student finds meaning in their school community (SBMHSAC, 2013). All of this falls well within the occupational therapy scope of practice.

conferences that addressed topics outside the traditional school-based occupational therapy role and networked with people I met there. I read broadly in occupational therapy journals and reflected on what an occupational perspective would look like in school-based practice.

Research

I continue to search the literature for occupational therapy research on the mental health issues I hear about and see in schools, such as self-esteem, attachment and social isolation. I have begun to learn about local research initiatives and plan to get involved if possible. If you supervise students on fieldwork placements, you may want to ask them to research mental health issues as a project. If you are a student, you may want to suggest these themes during placements.

Network

I am getting to know local school-based mental health initiatives already underway that could benefit from an occupational perspective. I look forward to networking locally and nationally through associations, special interest groups, communities of practice and the annual CAOT conferences. Each of us can build on what has been learned and shared.

Conclusion

If I am to work with integrity, I can no more ignore my clients' and colleagues' struggles with mental health than I can my own. I propose that an occupational perspective is an important contribution that school-based mental health initiatives have been lacking thus far. Our scope of practice allows us, and our understanding of occupation compels us, to address mental health issues that have an impact on the meaningful engagement of children and youth in school communities. The need for mental health services is urgent in Canadian schools and occupational therapy must get involved.

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Legislative changes in Quebec that reflect the practice of occupational therapy focused on the person and his or her occupations

Lessons from participating in a legislation reform process

Jacques Gauthier, Alain Bibeau and Louise Tremblay

Amending laws and regulations generally requires a substantial expenditure of resources at the drafting, enactment and implementation stages, particularly in order to ensure that all stakeholders have a clear and uniform understanding of the law. When the regulations that govern health and social services professions are amended, this investment of resources can offer an ideal opportunity to gain recognition for the unique competencies of occupational therapists in the domain of occupation.

This article outlines the amendments made over the past decade to the legislation regulating certain health and social services professions in Quebec, and shows how the most recent amendments allowed the Ordre des ergothérapeutes du Québec (OEQ) (Quebec's occupational therapy regulatory body) to promote the practice of occupational therapy focused on the person and his or her occupations. We are sharing this brief overview of the experience of OEQ in this process in order to inform occupational therapists across Canada and inspire them in their efforts to incorporate aspects of legislative policy into their practice.

Background to reform of the Quebec Professional Code

In the 1990s, the Quebec government undertook broad reform of the legislative framework for the regulated professions. In 2002, the Professional Code of Québec (the law governing Quebec's professional system) and other legislative provisions were amended for professions working in the area of physical health (OEQ, 2004). In 2012, the government made another set of legislative amendments aimed at professions working in the field of mental health and human relations (Office des professions du Québec, 2013).

These two reforms shared some common goals: to redefine the scope of practice of health and social services professions in order to make them more representative of current practice, and to reserve certain activities for specific groups of professionals. Several criteria were used to determine whether an activity should be reserved, including the complexity of the activity, the competencies required to perform it, the risk of harm associated with the activity and the vulnerability of the clientele.

The most recent reform also led to the regulation of psychotherapy. As a result, a license is now required to practise psychotherapy in Quebec. OEQ has been identified as one of the professional groups whose members may obtain such a license. In order to be licensed, an occupational therapist must meet all the requirements set out in the Règlement sur le permis de psychothérapeute (Regulation respecting the psychotherapist's permit, 2012). For further information, the reader may consult the explanatory guide for the Act amending the Professional Code and other legislative provisions in the area of mental health and human relations (Office des professions du Québec, 2013) (available in French only).

Any reform of professional legislation requires mobilization of the many stakeholders involved. For example, the reform that took effect in 2012 called for a concerted effort by the professional colleges, the Office des professions du Québec[1], government agencies, associations and community organizations. OEQ representatives were actively involved from the outset. A description of the main tasks carried out to date gives an idea of the efforts and resources involved:

- From 2001 to 2009, the drafting of the bill to amend the Professional Code required the involvement of all the professional colleges concerned and the Office des professions du Québec. Two parliamentary commissions had to be convened before the law was enacted by the Quebec government. OEQ submitted comments and recommendations to those commissions.
- Since 2009, OEQ has assisted with the work of the committee drafting the explanatory guide to the act (Office des professions du Québec, 2013). Since the new legislation affects professional practices and the organization of work in the health, social services, education and employment sectors, it was essential to develop and publish a shared, consensus-based interpretation of the new legislation. The drafting committee updates the explanatory guide on an ongoing basis.
- Since 2012, a network of respondents has been established to facilitate the implementation of the act. The network is made up of representatives of professional colleges, associations of health and social services institutions, relevant government departments and other groups such as employment-sector

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[1] L'Office des professions du Québec is composed of five members named by the government. According to the Professional Code, its function is to see that each college ensures the protection of the public.

organizations. The purpose of the network is to answer questions from professional college members and their employers about the implementation of the act. Efforts are made to clarify specific situations as required. For example, OEQ, the Collège des médecins du Québec (CMQ, the college of physicians of Québec), the Ordre des infirmières et des infirmiers du Québec (OIIQ, the college of nurses of Québec) and the Ordre des psychologues du Québec (OPQ, the college of psychologists of Québec) have written an opinion on the use of the Folstein test (or Mini-Mental State Examination) when prescribing medications of exception for persons with dementia, in order to clarify the relationship between this type of professional activity and reserved activities (CMQ, OEQ, OIIQ, & OPQ, 2013).

Effects of these reforms on the occupational therapy profession

The main effects that the 2002 and 2012 legislative amendments have had on the occupational therapy profession relate to the definition of its scope of practice and the establishment of reserved activities for occupational therapists and other professionals.

After undergoing significant change in 2002, the wording of the scope of practice of occupational therapists was adjusted once again to harmonize it with that of other professions included in the 2012 reform. The scope of practice of occupational therapists is now to:

> *assess functional abilities, determine and implement a treatment and intervention plan, develop, restore or maintain a person's skills, compensate disabilities, reduce handicapping situations and tailor the environment to needs with a view to fostering the optimal autonomy of the person in interaction with his environment* (Professional Code, 1973, last revised in 2012, section 37[o]).

The focus is on how the occupational therapist helps the individual achieve optimal autonomy through their participation in meaningful occupations, based on a rigorous assessment of the person's functional abilities in interaction with his or her environment. The scope of practice of occupational therapists is therefore in perfect harmony with contemporary occupational therapy practice centered on the person and his or her occupations.

Table 1. ***Activities reserved to occupational therapists and shared with other professionals (Professional Code, 1973, last revised in 2012; Medical Act, 1973, last revised in 2013; Nurses Act, 1973, last revised in 2009).***

Reserved activities authorized for occupational therapists since 2003	Other professionals authorized to engage in this reserved activity
(a) make a functional assessment of a person where required under an Act	Audiologist, speech therapist, physiotherapist.
(b) assess neuromusculoskeletal function in a person having a physical function limitation or disability	Physiotherapist.
(c) provide treatment for wounds*	Physiotherapist and physical rehabilitation technician.
(d) make decisions as to the use of restraint measures	Nurse, physician, physiotherapist.
* Nurses and practical nurses are also legally authorized to provide treatment for wounds. However, their respective reserved activities are worded differently (Nurses Act, 1973, last revised in 2009, section 36[7]; and Professional Code, 1973, last revised in 2012, section 37.1[5]).	
Reserved activities authorized for occupational therapists since 2012	Other professionals authorized to engage in this reserved activity
(e) make decisions as to the use of isolation measures in accordance with the Act respecting health services and social services and the Act respecting health services and social services for Cree Native persons	Nurse, physician, psychoeducator, psychologist, social worker.
(f) assess a person suffering from a mental or neuropsychological disorder attested by the diagnosis or evaluation of an authorized professional	Audiologist, vocational guidance counsellor, speech therapist, psychoeducator, psychologist, sexologist, social worker, marriage and family therapist.
(g) assess a handicapped student or a student with a social maladjustment with a view to formulating an individualized education plan in accordance with the Education Act	Audiologist, vocational guidance counsellor, physician, speech therapist, psychoeducator, psychologist.
(h) assess a child not yet admissible to preschool education who shows signs of developmental delay, in order to determine the adjustment and rehabilitation services required	Audiologist, nurse, physician, speech therapist, social worker, psychoeducator, psychologist.

Table 2. ***Reserved assessment activity of professionals authorized to engage in the activity of "assess[ing] a handicapped student or a student with a social maladjustment with a view to formulating an individualized education plan in accordance with the Education Act" (Professional Code, 1973, last revised in 2012, section 37.1 [1.2g, 1.3.1d, 1.3.2e, 2e, 4g]; Medical Act, 1973, last revised in 2013, section 31, 1°).***

Specific assessment carried out by each professional:

- occupational therapist: assessment of functional abilities
- audiologist: assessment of auditory function
- vocational guidance counsellor: assessment of psychological functioning, personal resources and the conditions of the milieu
- physician: assessment and diagnosis of any health impairment
- speech therapist: assessment of language, voice and speech functions
- psychoeducator: assessment of adjustment problems and the capacity to adjust
- psychologist: assessment of psychological and mental functioning

The Professional Code (1973, last revised in 2012) authorizes occupational therapists to engage in eight reserved activities (see Table 1). The act provides that some activities may be reserved exclusively to the members of a professional college; in other cases they may be reserved to the members of more than one college (shared reserved activities). Having a shared reserved activity does not mean that professionals in different disciplines all do the same thing; rather, each professional will engage in the activity to achieve the goals of his or her particular field. For example, the activity of "assess[ing] a handicapped student or a student with a social maladjustment with a view to formulating an individualized education plan in accordance with the Education Act" (Professional Code, 1973, last revised in 2012, section 37.1 [4g]; Table 1[g]) is reserved to audiologists, vocational guidance counsellors, occupational therapists, physicians, speech therapists, psychoeducators and psychologists. These professionals must, however, carry out an assessment that relates to their particular field of practice (see Table 2) (Office des professions de Québec, 2013).

For occupational therapists, the recent reforms to the Professional Code of Québec represent a major step forward in the recognition of our profession. For example, the Quebec government recognizes that, for particularly vulnerable persons, their functional skills must be assessed by an occupational therapist in order to ensure the quality of the professional activity. It is clear from the list of reserved activities that they concern many of the client groups served by occupational therapists, including persons with mental or neuropsychological disorders, preschool-age children showing signs of developmental delay and persons with a difficulty or disability in physical function.

Another effect of the legislative amendments has been to refocus the various professions on their unique purpose, that is, the core of their scope of practice. For occupational therapists that means placing the emphasis on professional practice centred on their primary concern: facilitating clients' inclusion and participation in meaningful occupations. This perspective makes it possible to define the profession through a modern vision of practicing occupational therapy focused on occupations, and thereby move away from a paradigm strictly focused on function.

Example of a plan of action to facilitate the implementation of the act

When each of the reforms described above came into effect, OEQ carried out a plan of action to assist occupational therapists in understanding the act and implementing it in their daily practice. For example, OEQ organized a series of activities relating to the 2012 reform, including the following:

- The first annual OEQ conference, held in 2011, with the central theme being the most recent reform of the Professional Code and the anticipated effects on occupational therapy practice. Close to 300 participants registered for the conference.
- A province-wide awareness-raising and information-sharing tour that reached nearly 900 occupational therapists in order to present the act and enable them to ask questions and raise concerns. At the time, the main concern that occupational therapists had about the act was related to an activity reserved for neuropsychologists, "Assess[ing] neuropsychological disorders," and the consequences that the reservation would have for occupational therapy practice. Through the meetings we were able to clarify the use of instruments that measure cognitive and perceptual functions, and discuss the drafting of occupational therapy records.
- The establishment of a working group made up of representatives of OEQ and the five university programs in occupational therapy in Quebec, whose main goal is to take stock of best practices in occupational therapy for persons with neuropsychological disorders. The group will contribute to the organization of further training and competency upgrading for occupational therapists (through publications, professional development activities, and the 2014 OEQ conference) to respond to the concerns expressed by occupational therapists during the provincial tour.

We also realized, in the course of our collaborative work with universities, that the working group's activities are in sync with other developments in the field. For example, a group of occupational therapists from British Columbia followed a similar line of thinking in putting the focus on occupation, which led to the development of a framework for evaluating persons with cognitive and perception problems (Vancouver Coastal Health, 2011, revised 2013). The Quebec working group will undoubtedly draw inspiration from this evaluation framework as it moves forward with its work.

Conclusion

Over the past decade, the Quebec Professional Code has undergone major changes aimed at better protecting some of the most vulnerable members of our society. Workplaces and professional practices have obviously had to change in order to comply with these reforms. Anyone who faces changes that require adjustments in their work habits is bound to have questions and concerns; occupational therapists are no exception. However, in our experience, these concerns have quickly transformed into a renewed recognition of our contribution, which is unique among the multitude of health and social services professions. The enormous complexity of occupational therapy assessment has now been legally recognized by the Quebec government, occupational therapists' employers and our colleagues. Now it is up to us to perform this important duty with all the requisite competence. It is in this spirit that OEQ is following through on its commitment to support occupational therapists in the affirmation of their role and the development of their competencies.

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COLUMN EDITOR: PATRICIA DICKSON

Promoting post-traumatic growth in people with cancer

Odrée Roussel Pharand and Julie Lapointe

Receiving a cancer diagnosis is a traumatic event. Often, people lose the illusion of immortality and face the possibility that they may never be able to achieve their life plans (Bacqué, 2005). Although a cancer diagnosis brings its share of negative consequences, it can also lead to post-traumatic growth (PTG). PTG is a positive change in identity, values, goals and relations with others that enables an individual to function better than before the traumatic event (Tedeschi, Park, & Calhoun, 1998). Some positive changes that are characteristic of PTG include a greater appreciation for life, an adjustment of priorities, greater recognition of personal strengths and spiritual development. These changes can come about following different kinds of trauma and are not related solely to a cancer diagnosis (Sumalla, Ochoa, & Blanco, 2009). However, the catalyzing event for PTG must be a trauma that is significant enough to have the sort of impact that leads to substantial change. A cancer diagnosis is often sufficiently traumatic to act as this type of catalyst (Cordova et al., 2007).

In oncology, the contribution that occupational therapists can make is becoming more recognized and valued. In Quebec, it has become more frequent in recent years for occupational therapy services to be provided to people with cancer (Institut de la statistique du Québec, 2010). Since PTG has a positive effect on functioning in daily life, occupational therapists have good reason to gain a better understanding of this process, which is likely to promote engagement in meaningful activities and occupations.

This article presents the results of a structured literature review carried out as an integrative project required for the first author's master's degree in occupational therapy. The objective was to identify factors that promote PTG in people with cancer and to propose ways of incorporating these factors into occupational therapy practice in oncology. This article presents the modifiable factors reported in the literature (factors difficult or impossible to modify, such as age and education level, have been omitted) and proposes a few courses of action that could be included in occupational therapy interventions.

Literature review

The databases of Medline, Pubmed, OTSeeker, PsychINFO, Google Scholar and Embase were consulted using the keywords 'posttraumatic growth,' 'cancer' or 'neoplasms,' 'significative activity,' 'occupation' and 'coping.' The articles had to deal with PTG in cancer survivors, be written in French or English, and be published after 2000 – the year in which this concept began to be included in studies (Koutrouli, Anagnostopoulos, & Potamianos, 2012). The Canadian Model of Occupational Performance and Engagement (CMOP-E) (Townsend & Polatajko, 2013) was used to synthesize the evidence.

Over 20,000 articles were identified using the keywords. After applying the selection criteria and reading the titles and abstracts, a total of 17 articles were selected. These articles covered a range of study approaches: there were four literature reviews (Koutrouli et al., 2012; Linley & Joseph, 2004; Mukwato, Mweemba, Makukula, & Makoleka, 2010; Rajandram, Jenewein, McGrath, & Zwahlen, 2011), four cohort studies (Bussell & Naus, 2010; Manne et al., 2004; Schroevers, Helgeson, Sanderman, & Ranchor, 2010; Scrignaro, Barni, & Magrin, 2011), four cross-sectional studies (Bellizzi & Blank, 2006; Lelorain, Bonnaud-Antignac, & Florin, 2010; Mols, Vingerhoets, Coebergh, & van de Poll-Franse, 2009; Park, Chmielewski, & Blank, 2010) and four qualitative studies (Hefferon, Grealy, & Mutrie, 2008; Lelorain, Tessier, Florin, & Bonnaud-Antignac, 2012; Morris, Campbell, Dwyer, Dunn, & Chambers, 2011; Sabiston, McDonough, & Crocker, 2007). One article described a non-randomized clinical trial (Garland, Carlson, Cook, Lansdell, & Speca, 2007). It is important to note that no randomized clinical trial was found. The 13 primary studies report data on 1,461 people with cancer between 18 and 86 years of age.

Factors that promote PTG

Factors that promote PTG have been related to the person, environment and occupation dimensions of the CMOP-E. Among the person factors are positive attitudes (such as optimism, acceptance and humour), high self-esteem, a sense of self-efficacy and the use of active coping strategies (Lelorain et al., 2010; Linley & Joseph, 2004; Mukwato et al., 2010; Park et al., 2010; Scrignaro et al., 2011). Active coping strategies are ways of dispelling negative and recurrent thoughts, sharing emotions, formulating requests for emotional support, taking a proactive approach in seeking solutions and making a positive assessment of the situation (Bellizzi & Blank, 2006; Lelorain et al., 2010; Lelorain et al., 2012; Scrignaro et al., 2011). Only one factor linked to the environmental dimension of the CMOP-E was identified from the articles reviewed; social support from a spouse, from loved ones and from cancer survivors is reported as having a significant impact in promoting PTG (Koutrouli et al., 2012; Lelorain et al., 2010; Lelorain et al., 2012; Linley & Joseph, 2004; Rajandram et al., 2011; Sabiston et al., 2007; Scrignaro et al., 2011).

In the area of occupation, the studies indicate that participation in group leisure activities, whether they be physical, creative, or

relaxation activities, promotes PTG (Garland et al., 2007; Hefferon et al., 2008; Morris et al., 2011; Sabiston et al., 2007). It is important to note that the groups studied were made up of people with cancer. This environment provided a unique opportunity for participants to receive particularly beneficial social and emotional support as it allowed them, among other things, to discuss fears and concerns that they were unable to talk about with family members (Hefferon et al., 2008; Morris et al., 2011; Sabiston et al., 2007). PTG was maximized when the participants bonded and demonstrated strong group cohesiveness (Hefferon et al., 2008; Morris et al., 2011). According to the results reported, this bonding and group cohesiveness enabled the participants to share and profit from vicarious experiences; that is, to benefit from the lived experience of other cancer survivors. Participation in a group that engages in (sports or creative) leisure activities seems to help individuals develop a sense of self-efficacy, enhanced self-esteem and a proactive attitude when making medical decisions and life choices (Hefferon et al., 2008; Morris et al., 2011; Sabiston et al., 2007). In short, participation in group activities promotes PTG because it allows participants to form relationships with others diagnosed with cancer, discover new possibilities and become aware of their personal strengths (Garland et al., 2007).

Role of the occupational therapist

In light of these results, several interventions may support the promotion of PTG – a few examples are listed in Table 1. The most interesting finding from this literature review is that scientific evidence supports the use of group activities to promote PTG. Occupational therapists have facilitated group activities since the earliest days of the profession. Occupational therapists have long recognized that group activities allow people to reflect on, integrate, normalize and make sense of an experience involving a loss of or barriers to autonomy (Townsend & Polatajko, 2013). Group activities can support clients' efforts to explore new occupational avenues and restructure their lives (Townsend & Polatajko, 2013). Interventions that help harmonize and optimize personal, environmental and occupational dimensions enable individuals to realize their full potential for well-being (Townsend & Polatajko, 2013).

It is beneficial to provide a wide variety of group activities so that participants can try new activities, demonstrate their skills in familiar ones or become reacquainted with activities they have not engaged in for some time. Whatever the case, the occupational therapist should support the development of group cohesiveness through an attitude of acceptance of differences, mutual aid, respect, trust, equality and solidarity. In order to be successful, the process must also include effective communication. Ensuring that activities are suited to the abilities of the group members and using positive reinforcement will help foster the development of self-efficacy. Finally, it is important for practitioners to respect their clients' unique emotional and coping responses to the cancer diagnosis throughout the different treatment and remission phases of the disease.

Conclusion

Group activities are a possible intervention to promote post-traumatic growth in people diagnosed with cancer. Due to their holistic client-centred vision, but especially as experts in occupation, occupational therapists are highly qualified to develop, organize and lead meaningful group activities for cancer survivors that support the process of adapting and achieving an optimal life balance.

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Table 1. ***Examples of interventions that promote post-traumatic growth (PTG).***

Interventions

- Organize and facilitate activities involving family and friends or cancer survivors that provide support to people with cancer in order to develop their autonomy, skills and sense of belonging to a community (Manne et al., 2004; Scrignaro et al., 2011).
- Normalize the emotional experience of the traumatic event and discuss the stages of grief and active coping strategies (Bellizzi & Blank, 2006).
- Apply or draw inspiration from well-known programs for developing active coping strategies, such as the one proposed by Edgar (2010).
- Offer reflective activities that help the individual find meaning in the event, make a positive reassessment, and find benefits or renegotiate his or her 'post-cancer' identity (Manne et al., 2004; Park et al., 2010; Rajandram et al., 2011). These reflective activities can also facilitate and enable the expression of emotions (Garland et al., 2007; Manne et al., 2004).
- Help clients to recognize the positive and negative aspects of their experience with the disease in order to support their transition towards acceptance (Lelorain et al., 2012).
- Use cognitive-behavioural techniques in order to promote a positive reassessment of the event, the development of positive attitudes and effective problem solving (Bussell & Naus, 2010).

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Proficiency in occupational therapy practice: Reflections from the 2013 Occupational Therapy Canada Forum

Andrew R. Freeman, Susan G. Rappolt, Tal Jarus, Donna Collins, Gayle Salsman and Margo Paterson

This article summarizes the 2013 Occupational Therapy Canada (OTC) reflection day, *Thinking about Practice Proficiencies*, held in May 2013 in Victoria, British Columbia. Twenty-three representatives from the Association of Canadian Occupational Therapy University Programmes (ACOTUP), the Association of Canadian Occupational Therapy Regulatory Organisations (ACOTRO), the Canadian Association of Occupational Therapists (CAOT), the Occupational Therapy Professional Alliance of Canada (PAC) and the Canadian Occupational Therapy Foundation (COTF) participated in this one-day intensive meeting to flesh out issues, identify concerns and promote national consensus for future directions concerning the preparation of occupational therapists for current and future practices in Canada.

Background to the 2013 OTC Forum

Professional competencies, practice proficiencies, advanced practice and specialization have been a focus for the occupational therapy profession's organizations in Canada for some time (Association of Canadian Occupational Therapy Regulatory Organizations, 2011; Canadian Association of Occupational Therapists, 2012; Finlayson, 2010; Ordre des ergothérapeutes du Québec, 2010 – revised 2013; Von Zweck, 2012). The authors are a working group that came together to examine a common concern that entry-level educational programs are accredited to teach broadly based competencies while job markets for occupational therapists increasingly require more advanced levels of knowledge and skills. From the working group's perspective, the two most prominent economic influences on occupational therapy practices have been the rationalization of publicly funded services and the increase in profit-seeking privatized services. In both cases, occupational therapists are challenged by employers and service funders to provide the best services for the best price, and face keen competition within and across health and social service professions for increasingly specialized positions. Recognizing the distinctiveness of occupational therapy scopes and practice repertoires from those of other health and social services professions, occupational therapy educators strive to prepare occupational therapists for theoretically-driven, evidence-informed, client-centred *occupation-based* practices that address individual and collective health and social issues.

Although all 14 Canadian entry-level programs adhere to national curriculum standards, the specific curriculum content varies across programs. Provincial and territorial health and social service structures and legislated scopes of practice may account for some of these variations. The content and level of entry-level occupational therapy education affects graduates' ability to pass the national certification exam and therefore, in the case of most provinces, their eligibility for professional registration. These elements may also influence therapists' readiness to practise across provinces and territories, their roles in health care and other practice contexts, and their ability to compete with other professionals for jobs and funding. In light of these challenges, it seemed crucial to gain a fuller understanding, from the perspectives of the range of stakeholders in our profession in Canada, of the educational, practice, regulatory, political and economic implications of occupational therapy competencies, proficiencies, advanced practice and specialization. Our proposal of this topic was accepted as the focus of the 2013 OTC Forum.

How the 2013 forum was organized

With an overarching interest in how theoretically-driven, evidence-informed, client-centred practices of occupational therapists can be delivered to maximize health, productivity and well-being, our working group proposed a structure and format to engage representatives of Canada's occupational therapy organizations in discussion and debate on the appropriate focus, scope and level of entry-level occupational therapy education in Canada. The morning environmental scan that focused upon taking the pulse of the national practice environment was followed by a discussion leading to strategies for action in the afternoon.

The environmental scan

Using a *World Café* model (Brown & Isaacs, 2005), five groups of participants, each of which included members of each of the five professional organizations, shared their perspectives on each of the following five questions:

- How might our conceptualization of occupational therapy practice proficiencies be refined for contemporary and future practices in light of our understanding of the relationships between occupation and the determinants of health?

- What are the implications of 'generic' competency-based entry-level education of occupational therapists in Canada given the current and future markets for occupational therapy services?
- What are the potential implications of different ways occupational therapy is regulated across the provinces?
- Is there a need for certification of specific fields within occupational therapy practice? Should extra training be considered a voluntary advantage or a requirement for practice in more specialized fields?
- Who defines Canadian occupational therapy practice? How can the profession more actively shape the practice of occupational therapy in Canada?

Topics for future collaborative action

Following the report of findings on the morning session, participants met with members of their own organization. Each organization's discussions were guided by the following prompts:

- Should occupational therapy in Canada reconsider how practice proficiencies are framed?
- If practice proficiencies are reframed, how can we continue to protect the public, maximise our contribution to the social good, and compete for market share?
- How can we achieve our goals collectively and collaboratively across occupational therapy organizations in Canada?

Results of the environmental scan

Working group members analyzed the verbatim transcripts of each of the five multi-organizational group's responses to each of the five questions to reveal the following six themes:

Collaboration

Consensus across the profession is required so that the whole profession communicates with one voice rather than with competing messages that decrease their impact. The profession's collective resources are limited and when communications are competing or conflicting, the profession's capacity to influence external audiences is less effective than it could be. Consensus is needed regarding the key environmental drivers affecting the prospects for occupational therapists to address occupational needs and health and social outcomes. The profession's organizations also need to develop a common understanding of the top clinical and social priorities for occupational therapy services and research. Collaboratively, occupational therapy organizations need to advance knowledge about occupation and occupational therapy practices through their respective organization roles.

Power

Our professional organizations (ACOTUP, ACOTRO, CAOT, PAC and COTF) need to recognize the boundaries of our collective professional influence, and better define, understand and respect each other's scopes of accountability and authority. Collectively and individually, our organizations need to assume and exert their rightful authority and assert and advocate for the public and our profession's capacity to address public interests.

Occupational therapist first

Occupational therapists should always present themselves as an occupational therapist first using their title, and then describe their scope, proficiencies, expertise and specialized interests and roles. Occupational therapists should be encouraged to retain their title and use their title first in their listing of credentials, thus acknowledging that the lens they developed through their occupational therapy education and practices continues to influence their professional roles, regardless of their focus and concentration. Occupational therapists should be encouraged to proudly speak about their roles and practices, however broad and far-ranging. Occupational therapists should not be restricted, or be seen to be restricted, to describe occupational therapy practices as clinical practices.

Evidence of effectiveness and cost-effectiveness

Occupational therapists, occupational scientists and occupational therapy organizations must invest in initiatives to build evidence of effectiveness and cost-effectiveness of occupational therapy practices, and validate occupational therapy theories and models of practice. We must translate the results of research for practitioners, consumers, consumer organizations, funders and public policy audiences. Collectively, occupational therapists must advocate for their clients and the profession's capacity to address client needs strategically and collaboratively.

Competence and specialization in occupational therapy

Occupational therapists must be educated as generalists, competent in enabling occupation and the six other generic roles as described in the *Profile of Practice of Occupational Therapists in Canada* (Canadian Association of Occupational Therapists, 2012). Occupational therapists may, through their practices or post-entry training, specialize in wide-ranging generalist roles such as primary health care or rural and remote services, or in specific fields of practice, such as neuro-cognitive rehabilitation, assistive technologies, psychotherapy, driving assessments, health care or social service management and life care planning.

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Defining and managing specialization within occupational therapy

Occupational therapy organizations need to come to a common understanding of, and nomenclature for, *specialization* in occupational therapy, as well as definitions for advanced practice, generalist and specialist. These new understandings must incorporate a common way of regulating expertise and eligibility for designation as specialists, if appropriate, in occupational therapy practices.

Topics for future collaborative action

Collectively, the 2013 OTC Forum's participants from the five Canadian occupational therapy organizations agreed that it is a significant challenge to maintain the holism central to the profession and prepare occupational therapists for increasingly specialized roles. It was also agreed that that the job market is more difficult for new graduates to enter due to increased competition from non-occupational therapists for traditional occupational therapy positions, and roles and constraints on public funding for occupational therapy and rehabilitation services in general. All organizations agreed that the experiences of new graduates as they enter practice need to be tracked in a common national database to learn about the sufficiency of their training for various practices and to guide the collaborative strategic planning for the profession.

Four topics were identified as continuing challenges for the profession's collective future:

1. Occupational therapy organizations need to collaboratively refine their conceptualizations of generalist and specialist practices, and advanced practice.
2. The occupational therapy profession as a whole needs to collaboratively control how it is recognized and defined.
3. Should entry-level programs continue to focus solely on generalist education (basic competencies) or begin to add educational streams for specialization? To what extent does this question reflect the realities of rural versus urban practices?
4. Who would bear the costs of regulating specialization should it warrant regulation in the future?

Concluding remarks

Canada's occupational therapy organizations are committed to collaborative discussions on professional issues that cross organizational mandates and to move beyond silos of authority and traditional positions on issues to achieve unifying national goals, tools and policies. Regulatory organizations reported that if the profession should choose to create formal specializations, processes to justify, design and implement regulatory changes would need to be established. Regulators were, at this stage, impartial on the subject of supporting or not supporting specialization, and reinforced that changes to regulation would have to be coherent with the colleges' mandates to protect the public interest. The day closed with an appreciation for what had been accomplished, as well as the recognition that the profession must address its future challenges as a whole. The five organizations committed to working collaboratively on our continuing challenges at the 2014 OTC Forum in Fredericton. The authors encourage all Canadian occupational therapists to make their views on these topics known to their provincial and national professional associations, their regulators, their educators and the national research foundation.

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Ten reasons for occupational therapists to participate in Hacking Health

Lili Liu

What is Hacking Health?

Hacking Health is a non-profit social organization that brings together health-service providers, consumers, technology developers, designers and entrepreneurs to develop solutions or applications ('apps') for everyday front-line problems. The founders of Hacking Health and core staff members mentor local organizers to host a 'hackathon' in their own city, thereby empowering the local teams to organize future events with local expertise and sponsors. For a description of a Hacking Health event held in Toronto, listen to Dr. Brian Goldman's *White Coat Black Art* CBC Radio episode of December 5, 2013, titled, "The Guru and the Hackers" (http://www.cbc.ca/whitecoat/episode/2013/12/05/this-week-on-white-coat/).

In Canada, Hacking Health began in Montreal in 2012. Since then, the event has been held in Toronto, Vancouver, Edmonton and Hamilton. International sites are also getting involved, with events having occurred in South Africa and France, and others planned for Hong Kong, Sweden, Germany and the United States. I had a chance to help organize Edmonton's first Hacking Health hackathon, which took place November 22-24, 2013 (http://www.hackinghealth.ca/events/edmonton/hhedmonton2013/).

Many of the problems addressed in the hackathon relate to daily activities that we, our clients and our colleagues experience. I realized that there is tremendous opportunity for occupational therapists to contribute to and gain from participating in Hacking Health. Here are 10 reasons for occupational therapy practitioners, researchers and students to participate in a Hacking Health hackathon near you.

1. *Fun* – Hacking Health is a fun and energizing experience. You can go with a friend, but strangers become good friends quickly. There is something for everyone; you can pitch an idea and develop your idea with a team, you can drop your idea and be a member of another team that you are interested in, or you can serve as a mentor and provide expertise as a health professional to teams that need your advice.

2. *Efficient* – Do you have a good idea that could help solve problems you see everyday at work, at home or while engaging in a leisure activity? Have you come close to designing an app only to be discouraged by the required resources, expertise and cost? At Hacking Health, you have one minute to pitch your idea, why it is important, and the types of expertise you require on your team. To see the 31 ideas pitched in Edmonton, visit: http://hh-edmonton.sparkboard.com/

3. *Interprofessional* – If you are pitching an idea, you can specify which disciplines or expertise you require for your idea to become a reality. In Edmonton, there were a total of 220 participants: 44 entrepreneurs, 17 designers, 70 health professionals (including occupational therapy students, occupational therapists, physiotherapists and rehab engineers) and 55 developers. In Edmonton, most of the teams exceeded 10 members!

4. *Creative problem solving* – This is second nature to occupational therapists. Hacking Health allows therapists to draw from their training, experience with clients, theoretical frameworks and understanding of gaps in services. Occupational therapists provide a perspective for solving problems that is valuable to the team made up of very different reference points.

5. *Awards and benefits* – Winning teams are invited to work with entrepreneurs and organizations that want to help take designs to market. The judging panel often consists of individuals who are seeking to sponsor a winning team. Although it is not possible to develop all projects pitched, participants can still follow up with developing their ideas after the hackathon.

6. *Accessible* – Registration is affordable and student rates may be possible. Visit http://www.hackinghealth.ca/events to find a Hacking Health event that is coming to your geographic area. There are many events happening across Canada in 2014.

HACKING HEALTH

7. *Rewarding* – Participants walk away with a sense of accomplishment. Like-minded people with different expertise come together to find a solution to a front-line problem they can all relate to. The limited timeline and structure may seem daunting on the first day, but teams are amazed with what can be achieved with the right expertise. In Edmonton, "Stand-UP – a Workplace Activity App" received an award for being a user-friendly app that combats health risks of being sedentary. The app creates a "corporate challenge for a healthier work environment." Visit http://www.standupca.blogspot.ca/ for pictures of the team's design process.
8. *Reinforce professional identity* – Hacking Health provides an opportunity for occupational therapy students and practitioners to showcase their expertise. As well, we learn about other disciplines, such as computing science, engineering and designers, that we would not normally have access to. With other disciplines on your team, you can focus on your contributions as an occupational therapist.
9. *Client-centred* – Hacking Health events welcome health-service consumers to pitch ideas or be team members. Why not form a partnership with a client and co-design a solution with a team of experts? The "Health Facility Wayfinding App" was an award-winning app that sought participation from patients, families and hospital administrators.
10. *Doing* – For the duration of the hackathon, or 48 hours, it is all about doing. You and your team members are engaged in the creation of an app. At the end, you have two minutes to demo your design. At Hacking Health Edmonton, several apps were more than 50% completed, and one was ready to launch.

How to prepare for a Hacking Health event

If you want to participate in Hacking Health and have found an event to attend, you can prepare to pitch your idea. Follow the examples of team projects on the websites of past Hacking Health events. Bring along friends you think you want on your team, or go solo and form your own team at the event. Be prepared to join another team if your idea does not take off.

Hacking Health, as an organization, does not have any stake in any of the projects. Prepare to discuss intellectual property once your team is formed. If your team's design involves data, ensure that your team consults with an expert on regulations related to personal information and privacy in your jurisdiction. In Edmonton, a member of the judging committee was from the Office of Information and Privacy Commissioner and offered advice to all of the teams.

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Update from the Canadian Occupational Therapy Foundation

COTF has created a small committee to work on strategic goals that are easy to implement and do not require a lot of resources. The committee members include Jeff Boniface, Barbara Code, Donna Klaiman and Anick Sauvageau (board members); Anne McDonald and Sangita Kamblé (COTF staff); and a new member, Anna Maria Civitella, a student from McGill University.

On Tuesday, December 3, 2013, COTF participated in Canada's first 'Giving Tuesday.' The purpose of Giving Tuesday is to encourage Canadians to support their favourite charities. To make the day even more fun and exciting, COTF was fortunate to receive a Canon digital camera from Scotia Private Client Group, which was used in a draw to encourage more donations. COTF raised more than $2,400 that day, with all funds allocated to support the Clinical Research Grant, which was launched in the February 2014 Research Grant Competition. Cindy Malachowski was the lucky winner in the camera draw. Thank you to all of the donors in this fun event! You can look forward to similar initiatives whereby COTF will target fundraising for a particular award, encourage donations and draw for prizes.

COTF is pleased to announce that a new award is forthcoming in memory of Barb Worth, former registrar of the College of Occupational Therapists of Ontario. Thank you to the many friends and family who made donations to COTF in her name. For more information on how to contribute to this award, or to donate to COTF in honour of a special person in your life, contact Anne McDonald or Sangita Kamblé.

Canadian Occupational Therapy Foundation

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