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President's Message

PTE's 16th Annual Business Meeting at AOTA's 86th Annual Conference & Exposition in Charlotte, North Carolina, was amazing! We had 20 chapters represented and more than 32 members in attendance, all of which provided for fabulous group discussion on the future of PTE. On behalf of the PTE Executive Committee, I want to thank each chapter for attending the business meeting: Delta, Epsilon, Eta, Kappa, Mu, Xi, Omicron, Upsilon, Phi, Chi, Alpha Epsilon, Alpha Nu, Alpha Omicron, Alpha Sigma, Beta Theta, Beta Xi, Beta Omicron, Beta Pi, Beta Sigma, and Gamma Gamma.

The Executive Committee received feedback at the business meeting and already has put some of the information into action. One of the main themes of the discussion was the minimal communication between the national office, chapter advisers, chapter presidents, and chapter members. We want that to change! I ask each chapter adviser or president to take the initiative on the following items:

- E-mail the e-mail addresses of all chapter members to your regional representative. If you are not sure who your representative is, the information is on our website, www.pithetaepsilon.org.
- Send a write-up on one chapter project on which you have been working in the past year to Jessica Halterman, PTE national coordinator, at jhalterm@aol.com, for the Chapter News section of *Scroll & Pen*.

In exchange for your chapter doing the items just listed, the Executive Committee promises to do the following:

- Include each chapter member in the PTE Friendly Reminders e-mailing
- Increase communication between the national office and the local chapters
- Increase awareness of PTE scholarly work and research across chapters throughout the country

At the AOTA conference, PTE was proud to sponsor a workshop entitled Health Disparities and Social Justice: Empowering Clients to Facilitate Participation. Frank Kronenberg, BSc, BA, OT, moderated the discussion, which involved Julie Bass-Haugen, PhD, OTR/L, FAOTA; Brent Braveman, PhD, OTR/L, FAOTA; and Karin Opacich, PhD, MHPE, OTR/L, FAOTA. The topic sparked a dynamic discussion among the 100-plus attendees, which included Carolyn Baum, AOTA president; Martha Kirkland, AOTF executive director; and Ruth Ann Watkins, AOTF president.

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Chapter News

Beta Chapter

The Beta Chapter, at Nova Southeastern University (Fort Lauderdale, Florida) has a busy agenda planned for the late summer and early fall. On August 27, 2006, we hosted a Graduation Breakfast for the PTE class of 2006 in the Chancellor's Dining Hall. In October we will host and facilitate a panel discussion on different occupational therapy specialties of interest to students, such as dance therapy and aquatic therapy. Occupational therapists practicing in such ways in the community will be involved as well. This scholarly activity will take place on campus and is open to all year I and II Master of Occupational Therapy students and faculty at Nova Southeastern University.

To accomplish our goals, we focused on fundraising as our priority, as our academic year started this summer. We already have held two bake sales and earned close to \$200. We are considering selling fabulous coupon books next month, which include great deals for the greater Fort Lauderdale area. Our fundraising will allow us to continue our scholarly activities in the spring and have a great induction ceremony.

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The following members of the Beta Chapter were inducted on May 4, 2006: Marguerite Alvarez, Mary Bush, June Carter, Julie Crutchfield, Beth Ginsberg, Tymar Goudey, Carrie Keck, Arianne Kosman, Shana Laird, Margaret Previlon, Greta Statler, and Sarah Wagreich.—*Greta Statler*

Xi Chapter

This past holiday season, the Xi Chapter, at Washington University (St. Louis), “adopted” two families from Saint Louis’s 100 Neediest Families organization and provided them with much-needed gifts. Although this charitable organization is called 100 Neediest Families, there are far more than 100 needy families represented by the organization. The families were facing hardships that included low income, broken houses, and support of people with disabilities.

The two families adopted by Xi Chapter had unique needs. One family included several children, one of whom had been diagnosed with autism. The parents of the second family both had learning disabilities and were raising an eight-year-old child with autism.

The families indicated the basic items that they needed, and chapter members bought these items for each member of the family. In addition, chapter members acknowledged the family situations and provided appropriate gifts. For example, for the children with autism, members provided toys that would be exciting

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Occupational Therapy and Advocacy: A Natural Connection

Amy Jo Lamb, BS, OTD, OTR/L

What occupational therapists and occupational therapy assistants do is important for the growing community of people who are elderly, but will they be able to provide their services? Connecting the need for services and the need to advocate for those services is critical for the profession to grow and thrive. Getting involved today through legislative and political advocacy is critical.

People in the United States are living longer lives. As a result, the profession of occupational therapy is likely to see an increase in service utilization in acute care and rehabilitation settings, skilled nursing and assisted living facilities, and community-based settings. The constant across these settings is the increased need for occupational therapy. That trend certainly makes this an exciting time for the profession.

Along with this excitement come some deliberative questions. Although there will be an increased need for what an occupational therapist and an occupational therapy assistant can do, will there be jobs in occupational therapy and funding for occupational therapy?

There may seem to be a simple answer. However, examining trends in other health care professions as they expand their scopes of practice and refine the terminology surrounding their practice, we suddenly recognize that the answer may not be simple at all. For example:

- Physical therapists are expanding their scope of practice to include activities of daily living, community integration, and cognition, to name a few areas.
- Athletic trainers are expanding their scope of practice to include restoration of function.
- Exercise science graduates already have replaced occupational therapy practitioners in some cardiac rehabilitation and wellness programs.
- Low-vision specialists are now accepted to work with clients with visual impairments.
- Therapeutic recreation specialists are advocating to be looked at in the same way that occupational, physical, and speech thera-

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pists are in relation to long-term care funding, as a result of the expansion of their scope of practice to “restor[ing], remediat[ing] and rehabilitat[ing] functional capabilities.”

These facts are not meant to scare you. They are meant to inform you and increase your awareness regarding the venue of policy in health care. They also draw attention to how reimbursement and employment may change with the trends.

Consider this: You are the director of a cardiac rehabilitation program, and you are searching for an occupational therapy professional to join the staff. After six months, no occupational therapy professionals have applied, but several exercise science graduates have. When you run the numbers with the budget, you realize that you can hire at least two exercise science graduates versus one occupational therapy professional. We must remember that health care is a business, and business decisions often are driven by budgets.

So what can the profession of occupational therapy do to remain a viable player on the rehabilitation health care team? The answer is simple: Be aware of policy’s role in health care, and advocate for the occupational therapy profession.

For those distinct purposes, AOTA has a political action committee. Many people operate under the assumption that such organizations “buy” votes. That is a fallacy. Political action committees help organizations like AOTA establish the relationships necessary for our profession. Decisions of elected officials have a crucial impact on the day-to-day practice of occupational therapy practitioners. The Medicare cap is an excellent example of a decision with such impact. That is why it is important to have elected officials who are friends of occupational therapy.

AOTA may not contribute any dollars from membership fees to support elected officials who support occupational therapy. The American Occupational Therapy Political Action Committee (AOTPA), however, can raise money and channel it to support those in office or running for office who share interests with the occupational therapy profession. In supporting these friends of the profession in their election bids, we are establishing necessary relationships to build on when they are in office, as AOTA works to obtain health care policies that are necessary for the occupational therapy profession and the clients we serve.

What can students do? Students can be informed, aware, and involved. *Information* is knowledge, and knowledge is power. *Awareness* is a global understanding of what is happening. For example, if we know that other professions are expanding their scope and that, in general, health care costs are rising, reimbursement agencies are inevitably going to examine what profession is the most cost-effective provider of services. Finally, involvement is essential.

If you are an AOTA member, you can visit AOTA’s website at www.aota.org and click on Issues & Advocacy to obtain more information.

I thank Karen Jacobs and Darlene Dennis for their help in finalizing this article.

—Chapter News, from page 2

and therapeutic. The typically developing children received age-appropriate toys as well as games that would encourage interaction with their sibling. The chapter provided the second family with games that had simple, easy-to-follow directions and fostered family participation.

After purchasing the gifts, chapter members wrapped the presents with donated wrapping paper and delivered the gifts to the agency. Although members did not personally meet the families that they assisted, they felt that they had made a small contribution to increase the families’ quality of life during the holiday season and into the new year!—*Kristy Roche*

Omicron Chapter

On May 15, 2006, just hours after walking across the stage at graduation, members of the Omicron Chapter, at Boston University, hosted the first annual Lead the Way Symposium for local occupational therapists. The symposium was designed to be a one-day professional development experience for occupational therapists in the Boston area, with a special welcome to many therapists who had supervised PTE members and their classmates in level I fieldwork experiences. Two internationally known keynote speakers, Drs. Linda Tickle-Degnen and Mary Catherine Bateson, led a group of postprofessional Master of Science in Occupational Therapy students as they presented more than 40 evidence summaries in the areas of early intervention, sensory integration, hand therapy,

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adult mental health, and adult physical rehabilitation.

Members of the Omicron Chapter, under the direction of Professor Karen Jacobs, assisted in planning and implementing the symposium. In between attending the 2006 AOTA conference in Charlotte and final exams, Omicron Chapter PTE members designed programs, worked with speakers to edit and revise biosketches and evidence summaries, and hosted roughly 85 attending professionals at the one-day event! In addition to valuing the scholarly discussion that followed each workshop session, therapists enjoyed networking with one another and learning about new trends in occupational therapy.

“What a great way to update us on the latest evidence in our areas of practice,” said Doreen Hunt, an occupational therapist specializing in sensory integration.

Because of the overwhelming success of the event, the Omicron Chapter has decided to make the symposium an annual undertaking. For more information, visit www.otdegree.com/symposium2006/, and if you are in the Boston area next May, stop by!—
Catherine Fraits

Alpha Omicron Chapter

On October 3, 2005, the Alpha Omicron Chapter, at the Medical University of Ohio (Toledo), sponsored a guest lecturer, Hon Keung Yuen, PhD, OTR/L, associate professor at the Medical University of South Carolina. Dr. Yuen presented the results of an occupational therapy study that evaluated the effects of partici-

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Occupational Therapy’s Focus on Activities, Participation, and Health

Susan H. Lin, ScD, OTR/L

Occupational therapy’s emphasis on evidence-based practice will help bridge practice and research, translating into an advanced level of services. The Canadian Occupational Therapy Association has an excellent position statement on evidence-based practice. Among other things, it says that occupational therapists possess “knowledge of the client, environment, and occupational factors relevant to enabling occupation.” When this knowledge is combined with evidence (such as a critical review of the research literature, expert consensus, and professional experience), occupational therapists will be able to offer clients cutting-edge and scientifically sound treatment choices.

Another progressive step that occupational therapy has taken is adoption of the *Occupational Therapy Practice Framework*, which describes what we do and how we go about doing it. The profession wisely incorporated terminology from the International Classification of Function (ICF) of the World Health Organization (WHO) in the document so that we can not only communicate with our colleagues in occupational therapy from other countries but also communicate with colleagues in other health professions. In modern medicine, health professionals do not usually work alone. Communication and collaboration are essential to achieve the best outcomes for clients. Using ICF terminology will facilitate communication and offer a common touchstone for all health professionals.

In previous models of disability, WHO used negative-sounding words like *pathology* and *impairment* and *handicap*. When WHO unveiled the ICF model, occupational therapists were excited to see occupational therapy–like terminology, such as *activity* and *participation* and *health*. We have been talking, measuring, and intervening at the activity and participation levels for decades, and suddenly an internationally recognized health organization validates our values! Activities and participation in society give people their unique identities and stamp their lives with meaning. We occupational therapists believe that this active and meaningful doing, on a daily basis, promotes health and well-being. The introduction of the ICF model is a golden opportunity for us to show our stuff!

But do we have the stuff? Do we have the research to support our claims and beliefs? I have a story to share about my training in research. I once attended a National Institutes of Health (NIH) research workshop on federal funding strategies. All of us attending were researchers who were interested in learning how to write NIH grant proposals. We represented a variety of health professions. Each of us was supposed to present a research poster, so I proudly tacked up mine, “Behavior Problems in Adopted Post-Institutionalized Children.” Then I looked around the room at the other posters, and I saw one called “Axonal Immunoreactivity in the Achilles Tendon Midsubstance and Musculotendinous Junction of the Rat” and another one titled “Myoelectric Control of a Hand Grasp Neuroprosthesis for Low Cervical Tetraplegia.” I thought to myself, “This reminds me of Sesame Street, when they show four objects and ask which one is different from the others.” I felt that my research poster did not belong there.

My feelings were confirmed when Dr. Ralph Nitkin, from the National Center for Medical Rehabilitation Research, told us that he had categorized the posters under the ICF and, out of 130, only five focused on activity or participation. My poster was one of the five.

Most of the other posters focused on body structure and function. That made sense because historically, medicine has examined health and humans in a reductionistic manner, dividing the body into components and systems. However, Dr. Nitkin spoke of the need to study how changes or treatment at the levels of body structure and function can be linked to activity, participation, or health per the ICF model. Society needs to see the functional consequences of basic research.

Dr. Nitkin's words apply to occupational therapy as well. As occupational therapists, we believe that when we work with clients in improving their movement, strength, or coordination (body functions), we will see a corresponding improvement in their abilities to get dressed, cook, write. We also believe that we will see improvement in their community functioning, such as shopping, banking, and visiting friends.

But do we have the research to support such beliefs? I profoundly hope that we will, for occupational therapy's future depends on it. When I look at the research being presented at universities and conferences, I see studies of living: presentations on inclusion of children with disabilities in public schools, factors associated with independent living, activity participation of older adults. I am heartened by occupational therapy's emphasis on activity and participation, for that is what matters most in people's lives. Activity and participation define people, fill their time schedules, and give them motivation for greeting tomorrows. Performing meaningful activities and participating fully in society affect people's sense of being and health.

I am confident that occupational therapy students, clinicians, and faculty/researchers will meet the challenges of integrating research and practice so that we can make a real difference in our clients' lives, our community's health, and our profession.

—Chapter News, from page 4

pation in an innovative volunteering experience on long-term-care residents. The randomized controlled trial assessed life satisfaction, health, depression, and self-concept. Approximately 60 students, faculty members, and clinicians attended the lecture.

On February 1, 2006, PTE members hosted an article review and critique session to promote and enhance critical thinking skills required in clinical practice. The research article selected for review was "Comparing Learning of Cooking in Home and Clinic for People with Schizophrenia" (2004) by Linda W. Duncombe, EdD, OTR/L, FAOTA. Critical analysis of each section of the article helped sharpen research skills and stimulated discussion among the 29 students and faculty members in attendance.

Seven students were invited to be new members of the Alpha Omicron Chapter. The induction ceremony took place on March 22, 2006.—*Jill Yost*

New Virtual Face

Kelly Fleming, OTR/L

Have you seen PTE's website recently? If not, check out all the changes at

www.pithetaepsilon.org

The new user-friendly website offers a task toolbar with dropdown menus containing links to such information as PTE eligibility requirements, eligibility criteria for PTE awards, and the benefits of being a PTE member. The toolbar also provides links to

contact information for the national office, national representatives, and chapters.

Further, the website allows members to download forms and publications—the Alumni Membership Application, the Lifetime Membership Application, the Annual Dues Payment Form, award applications, the PTE Membership Orientation Handbook, and the Honor Cords Order Form, among them. Copies of *Scroll & Pen*, PTE's logo, and photographs from PTE-sponsored events also are available for download.

In the Resources section of the website, members can link to AOTA, AOTF, and the Association of College Honor Societies.

The list does not end there. More changes will take place in the next year, including a link to quarterly online chats with scholars, opportunities for online business meetings, and online dues collection.

The national office is still taking suggestions for changes, so if you have any ideas, contact Jessica Halterman, PTE national coordinator, at jhalterm@aol.com.

Evaluation of the Workshop on Health Disparities and Social Justice

Thirty-four evaluations were returned. Forty-five people stated that they were interested in being more involved in these issues.

Participants were asked to rank the objectives of the workshop on a Likert Scale of 1–5 (5 being the highest ranking). Following are the objectives and the number of people giving them the various possible rankings:

1. *Identify elements in the health care system that prohibit certain groups of citizens from receiving appropriate and/or timely health care.*
1—0, 2—0, 3—3, 4—8, 5—23
2. *Recognize the need to empower citizens to work actively on their own behalf to secure necessary health care.*
1—0, 2—1, 3—2, 4—6, 5—25
3. *Discuss the issue of participation and the denial imposed by conditions yielding health care disparities.*
1—1, 2—2, 3—3, 4—7, 5—21
4. *Discuss the value of Participatory Action Research as a tool in studying and ameliorating these conditions.*
1—5, 2—0, 3—6, 4—9, 5—7

Participants were asked, “How valuable will this session be for your daily practice of OT? How might it be useful?” Following are the responses:

Excellent opportunity to create networks.

Must follow up.

Discussion very useful, and [I] support continued follow-up within AOTA.

Maybe hear more from participants about themselves and their work.

Challenge to think and act about how these issues can be infused

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Health Disparities and Social Justice: Empowering Clients to Facilitate Participation

Report on the 86th Annual AOTA Workshop

Kate Flowers, OTS

Is the occupational therapy community stepping up to meet the needs of the people in greatest need of our services? Are we being efficient and effective within our current models of care? As a profession, are we working toward social inclusiveness?

Practitioners currently working in the area of health disparities and social justice addressed these questions in a workshop at AOTA's 86th Annual Conference & Exposition in Charlotte, North Carolina. PTE sponsored the workshop, entitled Health Disparities and Social Justice: Empowering Clients to Facilitate Participation. More than 100 people attended, including Carolyn Baum, president of AOTA; Martha Kirkland, executive director of AOTF; and Ruth Ann Watkins, president of AOTF.

Frank Kronenberg, BSc, BA, OT, editor of *Occupational Therapy without Borders: Learning from the Spirit of Survivors*, moderated the workshop, which also included Julie Bass-Haugen, PhD, OTR/L, FAOTA; Brent Braveman, PhD, OTR/L, FAOTA; and Karin Opacich, PhD, MHPE, OTR/L, FAOTA. Kronenberg opened discussion with the question, “How does occupational therapy become the hands and feet to address health disparities?” He identified issues surrounding health disparities and asked how these issues can be addressed at the grassroots level. He said that the movement needs to be guided by futuristic thinking on the part of practitioners. Because the matter of addressing social inclusiveness is political in nature, we need to reconcile our personal political views with our professional political views. We also need to celebrate diversity within the field. He suggested that as a profession, we expand our research to include evidence that will enable us to get our arms around the issue of health disparities.

Following Kronenberg's introduction, Bass-Haugen presented an overview of health disparities and highlighted areas of concern related to occupational therapy. She acknowledged that health disparities are complex, multidimensional, and poorly understood. Their causes include the person (the client), health care systems, clinical encounters (clinicians themselves), and the environment, as well as poverty, oppression, and discrimination.

Referring to data from the 2000 U.S. Census and to AOTA membership data, Bass-Haugen pointed out that occupational therapists are not working in the areas of greatest need, thus contributing to health disparities. For example, about 30% of the U.S. population lives in the South, which contains the largest number of people with disabilities, but the highest concentration of occupational therapists is in the Northeast. Bass-Haugen shared additional data on health disparities associated with infant mortality, race/ethnicity, economic status, and gender.

There is a growing body of evidence on factors contributing to health disparities, including societal factors, health care access, and health care systems. Bass-Haugen presented a prevention model focused on four community clusters: (1) the built environment (nutrition, transportation, available products, housing, and aesthetic

aspects of the environment), (2) social capital, (3) services and institutions, and (4) structural factors (ethics, media, economics, and culture/art). The model focuses on the areas that occupational therapy needs to address in order to reduce health disparities.

Another facet of health disparities is social justice. Braveman presented three actions through which occupational therapy can address social injustice: (1) social and political activism and advocacy, (2) organizational management and resource distribution, and (3) individual volunteerism and local and global citizenship. Braveman then applied social justice concepts to the population of people living with HIV/AIDS. He addressed five faces of oppression that relate to people living with HIV/AIDS: exploitation, marginalization, powerlessness, cultural imperialism (stereotyping a group as “other”), and random violence.

The challenges faced by organizations aiming to provide housing and independent living services to people with HIV/AIDS include distributing limited human and financial resources to people with varying levels of motivation, resources, skills, and functional impairments. Occupational therapists can play a role in guiding resource allocation so that organizations more effectively broker financial, social, and human resources to meet their missions. As brokers of social resources, we can aid in defining roles and promoting justice. Using occupational therapy’s paradigmatic knowledge, we can help organizations more accurately assess clients’ capacities for participation and include their voices in the implementation of occupational therapy and interdisciplinary interventions. Occupational therapists provide therapy, knowledge and skills, successful experiences, purpose, and permission; we facilitate resiliency. Our assessments yield an objective view of a person’s capacity. The Model of Human Occupation is an example of a conceptual model that can assist in the assessment of individual capacity for self-determination, as well as environmental limitations. Braveman emphasized that we can develop intervention plans that determine the expected balance between social support and individual contribution.

Social justice issues extend beyond disease and disability to work conditions and environments. In the United States, some groups of people who are employed and contributing to society often go unnoticed. Opacich described these groups as invisible populations, people who may not be mapped or counted by traditional strategies and whose health needs may be overlooked or underestimated. For example, the equine industry hires race workers, who are largely Hispanic, to care for and prepare horses for peak racing performance. Entire families travel the United States to work and live at stables and racetracks. The job they do cannot be completed by machines, and it is vital for the function of the equestrian industry. The skills the workers learn and use are specialized and therefore do not translate easily into other realms of work.

Equine race workers have a combined risk associated with agricultural work, migrant and seasonal work, and equine endeavors. This population contributes to the development of social goods without getting equitable access to those goods. Typically they are poor, uneducated, unacculturated, and uninsured. Social justice issues within the equine race worker population are health vulnerability alongside few health resources, the impact of a vulnerable

—Evaluation, from page 6

every day into our lives and those of my students.

How to pair up with others in the room who want to pursue this.

It will be as valuable as I can make it in my system.

I want it to be useful for my clients/ consumers.

Great panel!

Maybe a bit more talk on how to develop [participatory action research] with consumers.

Interested in OTs acting on community issues, not just at the person level.

Wonderful!

This has been a very valuable and high-level conference.

Congratulations to AOTF!

I am very interested in being involved in the AOTA Health Disparities Task Force or any other committees on this issue. I am currently mentoring a researcher who is doing low-vision research with Hispanics and another who is exploring caregivers of people with [traumatic brain injury] and health disparities apparent in that population.

This was an extremely valuable discussion.

It is exciting that the profession is now aware that this topic requires more “air time,” not sweep[ing] under a rug called culture.

Objectives did not match the presentations.

Importance of seeing the “big” picture, broadening the individual client gaze. Need to increase population knowledge for practitioners, educators, and scientists.

Presentations too long; not enough time for discussion.

This is a good starting point to increase awareness.

It was valuable in that it made me more aware of the issue so that I can

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look for ways to be more proactive in my life and practice.

This benefited [me] most with information on national policy to come on undocumented patients.

Important as an educator to inform students of the need to see themselves as advocates for larger populations outside of the medical model. I very much appreciated looking at the issue of health disparity from three different perspectives.

Excellent. Shame it is not a wider audience, as very many people need to hear this.

I did not understand the fourth question (objective).

It is helpful to know where we need to be educating/sending more OT graduates. It also gives a more quantitative sense of the immense disparity. Would love to see publication on the Power Points.

I work with a rural population that experiences health disparities. [The workshop] connects me to more information that will help me advocate for and with the population I work with, to those who hold the power to distribute our social resources.

This session opened my “swimming brain” of occupation. This was a very valuable session, which can be imbedded into my daily occupation of living and working. Thank you.

As an educator, it will facilitate [my] sharing of information with students. As a leader in the profession, it will greatly improve [my] ability to lead the profession in health disparity issues. It has opened my eyes, humbled me, and caused me to think critically about my own ways of doing things.

Not because I don't teach enough in our MOT program and our program is too short to insert more material into it, but I wish it were more possible, and maybe we'll move that way in the future. Also, because my research job is not in this area.

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Reader's Corner

AOTA and PTE: Partners in Promoting Occupational Therapy and Excellence in Practice, Part 1

Mary Binderman, MLS, and Mindy Hecker, MBA, MLS

On March 15, 1917, George Edward Barton, William R. Dunton Jr., Susan C. Johnson, Thomas B. Kidner, Isabel G. Newton, and Eleanor Clarke Slagle met in Clifton Springs, New York, to create the National Society for the Promotion of Occupational Therapy (Licht, 1967). In 1923 the name of the organization was changed to the American Occupational Therapy Association (AOTA). AOTA has begun preparations for celebrating its centennial birthday in 2017 by creating the following vision statement:

We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs. (Retrieved July 25, 2006, from www.aota.org/nonmembers/area16/index.asp)

Coordination of efforts with partner organizations, like AOTF, the National Board for Certification in Occupational Therapy, and PTE, will be needed for AOTA to realize its vision. Each organization has its own mission statement and purposes, so it will be necessary to discover where interests intersect and how each can encourage its supporters or members to take steps to make occupational therapy “a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs.”

A good beginning for PTE members is PTE's own mission statement:

The mission of Pi Theta Epsilon is to support the development of occupational sciences and the practice of authentic occupational therapy by promoting research and other scholarly activities by its members. In this way, the organization serves not only the profession, but helps to insure quality health care services for the general public. (Retrieved July 25, 2006, from www.pithetaepsilon.org/)

At a quick glance, you may not see similarities in the AOTA and PTE statements, but there are major ones. Both statements talk about a science-, research-, or evidence-based profession. Both mention occupation—“occupational sciences,” “occupational needs.” Finally, both consider their ultimate objective to be meeting the needs of the client—that is, “envision[ing] . . . [a] workforce meeting society's occupational needs” and “insur[ing] quality health care services for the general public.”

We hope that by our asking you to consider the questions we pose in this article, and that by your using the resources we offer and others you find, we will inspire you, as members of PTE, to prepare yourselves to be practitioners in 2017 and to actualize the PTE mission statement.

To provide you with resources and to pose the questions, we have made this a two-part article. In this first part, we pose questions that address research, evidence-based practice, and other scholarly activities. In the second article, we will address questions about competency and professional development.

1. *Are your clinical decisions based on evidence or objective research?*

Clients and patients, third-party payers, and health care agencies and administrators now demand that clinical decisions be based not only on clinical experience but also on evidence derived from objective research. AOTA provides several tools to assist occupational therapy practitioners in understanding why evidence-based practice is being required and how clinicians might incorporate it into practice.

From late 1999 through early 2004, Linda Tickle-Degnen, PhD, OTR/L, FAOTA, edited a series of articles for the *American Journal of Occupational Therapy* called Evidence-Based Forum. You will find a list of the 21 articles at www.aotf.org/html/evidence.shtml. Members of AOTA may download them at no cost from AJOT Online, accessible through AOTA's website, www.aota.org.

The Evidence-Based Practice Resources Center, at www.aota.org/memberservices/login.aspx?PLACE=/members/area15/index.asp, is another AOTA members-only benefit. It includes much information and many links to other resources.

We also recommend the Centre for Health Evidence, at www.cche.net.

Further, the AOTF website now includes a Resource Center for Evidence-Based Practice that is available to everyone: www.aotf.org/html/evidence.shtml.

Familiarity with and use of OTseeker (www.otseeker.com), a database of abstracts of systematic reviews and randomized controlled trials relevant to occupational therapy, is a must (Bennett et al., 2003; McKenna et al., 2004). Another popular and excellent database of systematic reviews of the effects of health care interventions is the Cochrane Collaboration Library, at www.cochrane.org (Handoll, 2004).

2. *Have you acquired the skills to do a literature review and to evaluate a research article?*

Our guess is that readers of this article acknowledge the value, if not the necessity, of evidence or research informing clinical decisions, but they may not feel confident about their skills in finding the evidence or evaluating its usefulness or credibility once they have found it. In a survey of Australian occupational therapy practitioners, about 50% of the respondents identified limited skills in conducting database searches and in appraising the literature as barriers to using research to inform their practice, and almost 80% reported limited knowledge about electronic databases (McCluskey, 2003). If you feel the same way about your skills, begin to change. As a start in gaining skills, we recommend PubMed Online Training, tutorials available on the National Library of Medicine site, www.nlm.nih.gov/bsd/disted/pubmed.html#qtex. We provide additional readings at the end of this article.

Since 1989, AOTF and AOTA have supported OT SEARCH, a database specific to occupational therapy education, practice, and research. It now contains 36,000 records. Learn more about this fee-based service at www.aota.org/otsearch/links/about.asp, or contact us at the Wilma L. West Library, wlwlib@aota.org.

—Evaluation, from page 8

Very good session! Please consider the topic of intervention at the "population" level as a pre-conference institute and/or invited paper session under the new "research platform" track.

We would both be very interested in working on issues of health disparity. We are both actively involved in providing occupational therapy in a homeless shelter in San Jose, California.

Everything was excellent.

I'm not sure, because I only work "PRN" [part-time] at this time. However, as a concerned citizen, I plan to be more active in this area.

This session has been very valuable. It has confirmed my desire to change practice settings/move to an area that faces increased disparities. I think it will also be useful in discussions with interdisciplinary colleagues as to the need to look at the disparities of populations and individual clients in funding ways to support participation and health. I am very interested in helping.

This presentation was central to both my practice and my research issues and concerns. I applaud AOTF for offering/sponsoring this session. We need to continue to expand efforts to inform the issue of health disparities and social justice.

Very valuable. I would like references from all three presentations.

Thought-provoking—may help as ideas are developed, articles written that can address topics of social justice and health disparities. May help/contribute to creation of an article on sustainability and ethics.

Expanding awareness motivated me to explore what conditions exist in my local geographical area.

—continued on page 10

Chapter Happenings

Kirsten Brandt, MOTS

The PTE Annual Business Meeting brought 20 local chapters together to discuss the present and future goals and objectives of occupational therapy's national honor society. During the well-received roundtable discussion, chapter representatives requested to hear more about what other chapters are doing for the promotion of PTE and occupational therapy. Each chapter representative presented to the group one or two major events or projects that his or her chapter had completed in the past year.

Events and projects reported in the discussion included the following:

- Presentations of professional projects (Delta Chapter—Texas Women's University at Dallas)
- A mini-AOTA conference (Epsilon Chapter—Eastern Michigan University)
- Organization of workshops (Wayne State University—Eta Chapter)
- Fundraising for a chapter-funded scholarship (Kappa Chapter—University of North Dakota)
- Support of a professional development series (Mu Chapter—Florida International University)
- Community service (Xi Chapter—Washington University)
- A symposium for online master's degree students (Omicron Chapter—Boston University)
- Participation in breast cancer awareness (Upsilon Chapter—Elizabethtown College)

—continued on page 11

—Reader's Corner, from page 9

3. Are you involved in a research study or looking for ways to engage in research through your clinical practice?

An outcome of the process of developing the AOTA vision statement for 2017 was a realization of the profession's need to emphasize the inseparable and necessary connection between education, research, and practice if it was to create the practitioners and profession envisioned for that year. Fisher (2003) wrote, "To ensure the future of the profession, practitioners need to foster relationships among education, practice, and research" (page 21). To read about a successful collaboration between academics and practitioners, locate the 2005 article by Crist, Fairman, and Munoz. Finally, to get some clear advice on writing proposals for grants, track down two articles published in *OT Practice* (Bowyer, 2006; Wiggins, 2003).

4. Have you submitted an article for publication, or are you thinking about writing for publication?

For the knowledge base about the effectiveness of occupational therapy intervention to grow, practitioners and researchers must publish (Wright-St. Clair & Hocking, 2005). If you have a case new to you, you might combine beginning research and publication by conducting and then writing up a literature review on the diagnosis (Steward, 2004). To begin writing for publication, consider submitting an article to *OT Practice* about that new service you developed and implemented in your institution or in the community. At www.aota.org/nonmembers/area7/links/link01c.asp, you will find some writing tips, along with the Guidelines for Contributors to *OT Practice*.

In the next newsletter, we will ask questions about competence, professional development or career planning, and familiarity with current standards and skill requirements.

References

- Bennett, S., Hoffmann, T., McCluskey, A., McKenna, K., Strong, J., & Tooth, L. (2003). Evidence-Based Forum: Introducing OTseeker (Occupational Therapy Systematic Evaluation of Evidence): A new evidence database for occupational therapists. *American Journal of Occupational Therapy, 57*, 635–638.
- Bowyer, P. (2006). Perspectives: Writing grants: A method to the madness. *OT Practice, 11*, 25–26.
- Crist, P., Fairman, A., & Munoz, J. P. (2005). Education and practice collaborations: A pilot case study between a university faculty and county jail practitioners. *Occupational Therapy in Health Care, 19*, 193–210.
- Fisher, T. (2003, May 19). New era, new challenges: Fostering occupational performance and participation in the 21st century. *OT Practice, 8*, 21–25.
- Handoll, H. H. G. (2004, Summer). The Cochrane Database of Systematic Reviews. *British Journal of Hand Therapy, 9*, 40–42.
- Licht, S. (1967). The founding and founders of the American Occupational Therapy Association. *American Journal of Occupational Therapy, 21*, 269–277.
- McCluskey, A. (2003). Occupational therapists report a low level of knowledge, skill and involvement in evidence-based practice. *Australian Occupational Therapy Journal, 50*, 3–12.

- McKenna, K., Bennett, S., Hoffman, T., McCluskey, A., Strong, J., & Tooth, L. (2004). OTseeker: Facilitating evidence-based practice in occupational therapy. *Australian Occupational Therapy Journal*, 51, 102–105.
- Steward, B. (2004). Writing a literature review. *British Journal of Occupational Therapy*, 67, 495–500.
- Wiggins, M. (2003, Sept. 22). Rewarding possibilities: Effective grant writing. *OT Practice*, 8, 18–20.
- Wright-St. Clair, V., & Hocking, C. (2005). Communicating through publishing: A professional mandate. *New Zealand Journal of Occupational Therapy*, 52, 4–8.

Additional Readings

- Abreu, B. C., & Chang, P-F. (2002, Oct. 14). Getting started in evidence-based practice. *OT Practice*, 7, CE-1 through -8.
- Case-Smith, J. (2004, Apr. 5). Continuing Competence: Continuing competence and evidence-based practice. *OT Practice*, 9, 7–8.
- Coster, W. (2004, June). Facilitating transfer of evidence-based practice into practice. *Education Special Interest Section Quarterly*, 14, 1–3.
- Drummond, A. (1996). Reviewing a research article. *British Journal of Occupational Therapy*, 59, 84–86.
- Finlay, L. (1997). Evaluating research articles. *British Journal of Occupational Therapy*, 60, 205–208.
- Kielhofner, G. (2006). *Research in occupational therapy: Methods of inquiry for enhancing practice*. Philadelphia: F. A. Davis.
- Law, M., Pollock, N., & Stewart, D. (2004, March). Evidence-based occupational therapy: Concepts and strategies. *New Zealand Journal of Occupational Therapy*, 51, 14–22.
- Steinbrook, R. (2006). Searching for the right search: Reaching the medical literature. *New England Journal of Medicine*, 354, 4–7.

—President's Message, from page 1

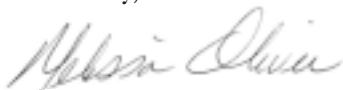
Over the past year, the Executive Committee has worked hard on updating the PTE website, www.pithetaepsilon.org. If you have not visited it lately, I encourage you to take a look. It is more colorful and lively, using PTE colors and photographs from the AOTF 40th Anniversary photograph contest. In addition, it is more user-friendly and contains important information, including *Scroll & Pen*, application forms for PTE awards, and a calendar of events. The website update is occurring in three phases. We have just completed the first phase and will be working on the next two phases over the next year.

On a personal note, I want to thank Mary Way, the outgoing vice-president, for her commitment to and work with PTE. We greatly appreciated everything she did with the national office, and we look forward to her contributions to occupational therapy in the future.

Also, I want to welcome Kate Flowers, the incoming vice-president. We look forward to working with her over the next year.

I continue to welcome any and all feedback from your chapter, as well as your active participation in your chapter and with the national office.

Sincerely,



Melissa Oliver, MS OTR/L

—Happenings, from page 10

- Promotion of occupational therapy awareness at local hospitals (Phi Chapter—Virginia Commonwealth University)
- Research on campus awareness of occupational therapy (Chi Chapter—Quinnipiac College)
- Lunches with professionals (Alpha Epsilon Chapter—Texas Tech Health Sciences Center)
- A quick-reference guide to the framework (Alpha Nu Chapter—St. Ambrose University)
- Discussions on research articles (Alpha Omicron Chapter—Medical University of Ohio)
- Promotion of occupational therapy and wellness on campus (Alpha Sigma Chapter—Keuka College)
- Participation in “Rebuilding Together in Pittsburgh” (Beta Theta Chapter—Duquesne University)
- A tutoring program for occupational therapy students (Beta Xi Chapter—Brenau University)
- Implementation of universal designs to rebuild homes (Beta Omicron Chapter—Louisiana State University)
- A meeting with therapists (Beta Pi Chapter—University of Mary)
- Development of a quick-reference guide to pediatric and adult assessments (Beta Sigma Chapter—Shenandoah University)
- A research symposium (Gamma Gamma Chapter—California State University at Dominguez Hills)

It was exciting to hear about all the creative ideas

—continued on page 12

that local chapters have developed to follow the mission of PTE. If you are interested in learning more about a specific event or project, contact a chapter representative. You will find information about contacting chapters on the PTE website, www.pithetaepsilon.org.

Thanks to all chapters for your continuing support of the mission of PTE. Contact Jessica Halterman, PTE national coordinator, by January 1, 2007, to report current events and projects in the Chapter News section of the *Winter 2007 Scroll & Pen*.

Events and projects also can be submitted for the President's Award. This award is presented to a chapter that organizes and implements an outstanding scholarly activity. Many of the activities just identified meet the criteria for the President's Award. All applications for the award should be submitted by February 1, 2007, and will be presented in the Spring 2007 issue of the *Scroll & Pen*. An application form can be found on the enclosed flier or on the PTE website.

segment of population on society as a whole, immigration policy, and limited occupational alternatives.

Opacich has gathered data on the equine race worker population and their families. As she furthers her research, she expects to find the presence of chemical dependency (alcohol), increased risk of asthma among children, oral health problems, and diabetes. One of Opacich's hopes is to create and use community partners to increase access to resources among this population.

Opportunities in occupational therapy related to social justice and health care disparities like in education, practice, research, and policy. Baum discussed the need for interventions with whole communities and populations, rather than with individuals. She indicated that we may need to reframe the occupational therapy framework to do this.

The rich group discussion that followed the presentations became a forum for colleagues to share ideas, perspectives, and experiences. Members of the AOTA Representative Assembly were present and shared current legislative motions that aligned with the movement toward social inclusiveness and social justice. Professors and students of occupational therapy exchanged information on how to integrate the issues of health disparities and social justice into curricula, so as to not teach a cookie cutter model of occupational therapy clientele. Some suggestions were to address advocacy options and human subjects training in education.

The purpose of the workshop was to generate interest in making our profession an available resource for people in our communities who most need us. The intense discussions suggest that PTE achieved this objective.

Occupational therapy's role in addressing health care disparities and promoting social justice is to work with and conduct research on minority populations. As Braveman stated, "Our focus of research and scholarship should be on defining roles and promoting examples of occupational therapy intervention that decreases injustice and promotes participation."

For more information, contact Jessica Halterman, PTE national coordinator, at jhalterm@aol.com.

Pi Theta Epsilon Timeline

October 15, 2006	Mary J. Bridle First Research Award applications due in National Office
October 20, 2006	Nominations for national officer elections due to Nominations Committee
November 15, 2006	Resolutions due in National Office
February 1, 2007	National fee packets to be sent to chapters Delegates' packets to be sent (60 days before annual meeting) Nominations for President's Award due in national office
March 1, 2007	National fees due in National Office Election ballots due in National Office
April 20, 2007	17th Annual PTE Business Meeting, St. Louis
April 20-23, 2007	87th Annual AOTA Conference & Exposition, St. Louis