

Professional Issues Forum
WFOT Congress - July 25th, 2006
Paediatrics
Facilitated by – Iona Novak and Sylvia Rodger

Iona and Sylvia prepared the following notes as a summary of the forum.

Main issues identified

1. Mental health issues in children.
2. Transitions in life cycle.
3. **Being occupational based practitioners (components vs occ performance).**
 - a. **Impact of settings/context.**
 - b. **Assessing & treating from occupational basis.**
 - c. **Making occupation specific**
4. Common vocabulary/ language.
5. Impact of technology
6. Acute vs long term care – bridging
7. Equity and access to services – politics of diagnosis!
8. **Collaboration between clinicians/researchers.**
9. Standards for transporting.
10. Managing grief and loss issues.
11. Challenges in service delivery/ demand & best practice
12. Empowering families – diversity, meeting needs of children vs families
13. Transdisciplinary practice
14. What do our undergraduates need in terms of starting out with practice?
15. How do we develop graduates?
16. Collaborating around behaviour/ sensory processing difficulties.
17. Working in a litigious society
18. Terminology – understanding SI, SM, processing for OTs, others.
19. Specialisations
20. Work with school age populations (in schools).

The following issues were discussed

- **Being occupational based practitioners (components vs occupational performance).**
 - a. Impact of settings/context.
 - b. Assessing & treating from occupational basis.
 - c. Being occupation specific

Performance components = sensory, motor, cognitive, psychosocial

Occupational Performance = work, play, productivity, spirituality, rest/sleep.

Group Outcomes/solutions:

1. Marketing materials/Information re OT roles, what occupation is, what we do – occupation based for service users, other providers.
 - a. WFOT to develop materials around occupation and what occupational therapists do?
 - b. Local – materials needed in local work contexts.
2. Permission to be practitioners who are occupation based AND evidence based at the same time!
3. Assessment processes oriented towards occupation -centred practice.
4. Ensure the documentation process about assessment is occupation based.
5. Recognise that standardized assessments can still fit within an occupation based top down process.
6. Ensure thinking is occupation focused.
7. Use the ICF framework to inform our thinking, intervention, assessment and documentation – language chosen to communicate occupation and participation.
8. Be confident to use occupational language, real vs simulated activities, involving parents and teachers in this discourse.
9. Recognise impact of culture on defining occupation based practice – cultural relevance, sensitivity.
10. Need for occupation based assessments that are cross culturally relevant.
11. Share our occupational language used in reports

• Collaboration between clinicians/researchers bridging the gap:

How to/solutions for bridging the gap:

1. Helping clinicians engage in research and access funding, support.
2. Use video camera to evaluate practice – play, therapy activities for observations over time. Use release of information forms – videos for research purposes/education/training/student teaching as layered global consent.
3. Engaging collaborative/industry partners to work with us.
4. Multi-centre research – open collaboration around large projects across multiple sites.
5. Fostering a research culture within practice settings – enabling people to “go off line”.
6. Linking clinicians as data collectors with Research Higher Degree RHD students. Research supporters as well as consumers.
7. Offering of modular postgraduate training courses in research/further studies.
8. Ensuring researchers translate their findings for clinicians and make explicit the implications.