

Arctic occupational therapy: A model of practice for generalist clinicians in remote regions

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Introduction: In one arctic region, occupational therapists provide service to residents living in several small, fly-in only communities, over a vast geographical area. The aboriginal population that make up this region's majority are experiencing rapid cultural change and have a history of being marginalized and assimilated. Additionally, there is a high rate of disability, illness, poverty and overcrowded housing.

Delivery of occupational therapy can be challenging due to limited resources, geographical vastness and cross-cultural practice. Therapists must be generalists and frequently practice in professional isolation without established policies or procedures. Limited literature exists about service delivery in similar environments. Therapists are challenged to provide the breadth of service needed and deliver it in a method that works for their client population with minimal guidance.

Objectives: To ensure that culturally safe and evidence-based occupational therapy services are provided to clients in an equitable and organized fashion in this arctic region. To establish a method of service delivery that addresses the occupational performance issues of the client population and does not lead to clinician burn-out.

Description: A method of service delivery was developed by combining three sets of information: existing literature about remote practice and service for aboriginal populations; therapists' experiential knowledge and self-reflection; and foundational occupational therapy theory. Creativity to think beyond traditional methods of service delivery was essential. Continual evaluation and adaptation occurs as the service grows and develops. Community participation in the process is being promoted.

Results: Service is provided through telehealth video conferencing, in-person assessments, group education sessions and visits to remote communities. Community residents were trained as rehabilitation assistants. Therapists participate in community activities, cultural education, and communicate with other remote regions. Service evaluation is conducted through clinician feedback and by reviewing current literature.

Conclusion: It is possible to offer comprehensive, effective occupational therapy services in this remote region while staying within a limited budget. Creativity and clinician experiential knowledge are key to the design.

Contribution to the practice of occupational therapy: This presentation offers insight into the challenges and successes of developing a culturally safe, equitable and feasible service delivery model in a remote environment.