

FOCUS

WINTER 21

Florida Occupational
Therapy Association

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Join us virtually for The Sandra Edwards Colloquium

The UF Department of Occupational Therapy will host its fifth annual, but first virtual, Sandra Edwards Colloquium on February 6, 2021. The theme for this year's Colloquium is "Aging in Place: Best Science for Best Practice in Occupational Therapy." Our keynote speaker will be Dr. Susan Stark from Washington University.



Keynote Speaker

Susan Stark, PhD, OTR/L, FAOTA
Associate Professor of Occupational Therapy,
Neurology and Social Work
Program in Occupational Therapy, Washington University
School of Medicine in St. Louis, Washington University, St.
Louis, MO



Find out more about the Sandra Edwards Colloquium, past and present.

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<https://ot.phhp.ufl.edu/sandra-edwards-colloquium/>

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FROM THE EDITOR'S DESK



Kurt Hubbard
editor-in-chief
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Hello All,

As you can see, the calendar says it is a New Year. Most of you are likely to say that it's about time 2021 arrived, given how bad 2020 was for so many. In 2020, the COVID-19 pandemic effected so many people in a variety of ways. People lost their lives, leaving family after family, friend after friend, grieving. Business shutdowns have cost jobs, entrepreneurs their businesses, and child-care has become a greater than ever challenge for parents working from home, and home schooling. The rapid development of COVID-19 vaccines is welcomed news, hoping to bring us back to some semblance of normalcy. How soon this can happen will depend on the countless individual decisions that we make in 2021. Look out for family, friends, and our greater OT communities that we serve. I wish you all a Happy New Year and I hope our efforts as professionals and individuals lead to common purpose of moving in a positive direction for our fractured and healing country. Embracing the spirit of what guided us to the OT profession with determination and focus....welcome, 2021.

My very best to all of you,

Kurt Kurt K. Hubbard, PhD, OTD, OTR/L, FAOTA
Editor, FOTA FOCUS Newsletter

Introducing our new Membership Chair



FOTA Membership Chair
Samarra St. Hilaire

My name is Samarra St. Hilaire and I currently reside in Orlando with my family. I have been an occupational therapist for the past 18 years with most of my experience occurring within the school system in New York City and Florida. I currently own a private practice in addition to providing services at a local pediatric clinic. In my spare time I enjoy writing, spending time with loved ones, serving as a mentor, and advocating for children. I also enjoy learning with the goal of becoming a more knowledgeable OT practitioner. During my journey of learning for professional growth, I came across the Florida Occupational Therapy Association.

Since becoming a member of FOTA four years ago, I've had the opportunity to volunteer in various capacities. Being a member of FOTA has allowed for several networking opportunities, which has also contributed to professional growth. On January 1, 2021 I look forward to beginning my role as the FOTA Membership Chair. As Chair, I will strive to increase membership throughout the state. I look forward to serving our association.

Call for Nominations for the 2021 General Election: February 20 Deadline

The Florida Occupational Therapy Association (FOTA) Nominations Committee invites FOTA members to submit nominations for the following Association leadership positions to be elected in March 8 - April 3, 2021.

Note: The committee supports and encourages diverse candidates and occupational therapy assistants (OTAs) to submit nominations for election. OTAs are eligible to be nominated for all positions

WE WANT YOU!!

Have you been thinking about ways to be involved with FOTA? Your opportunity to be involved with FOTA includes volunteering for an event, project, or committee or serving on the FOTA board. The leadership of FOTA is vital for the continuation of our mission and requires input from practitioners across the state.

Nominations for the positions of Vice President and Treasurer will be accepted January 21, 2021 -

February 18. The term of office for Vice President is two years and would take July 1, 2021. The term for Treasurer is three years and the Treasurer Elect takes office on July 1, 2022.

- Official nominations accepted January 20, 2020 through February 20, 2020
- Nominations committee vets all nominees
- Elections open March 9, 2020 through April 3, 2020
- Election results posted on FOTA website April 6, 2020

Running for a leadership position is a great way for OT's to get involved with supporting our profession at the state level. We encourage all interested eligible members to apply.

If you are interested in a leadership role or have questions about the job responsibilities, contact FOTA's nomination committee or visit FOTA21 election [nomination website](#).

Thank you,

FOTA Nominations Committee

[Pam Kasyan-Howe](#) & [Sean Brim](#)

Thank you FOTA Volunteers

FOTA could not function without the hard work of many volunteers.

We would like to take this opportunity to thank Rachel Romero as the outgoing Membership Chair.

VOLUNTEER OPPORTUNITY

- **Regional Representative for Region 1:** We are seeking a Regional Representative for Region 1: Northwest & Region 8 Southwest. Please contact Regional Rep chair [Dana Dixie](#) if interested or need further details.
- **Conference Vendor Coordinator:** Seeking a vendor coordinator to assist the conference team. Please contact Marsha if interested. mbdshu@gmail.com

If you are interested in volunteering, please e-mail me at mbdshu@gmail.com or call 941-320-4651 and we can chat about your interests.

Marsha Shuford

FOTA Volunteer Coordinator

A Message From The President



Douglene Jackson, PhD,
OTR/L, LMT, ATP, BCTP
FOTA President

As the Florida Occupational Therapy Association (FOTA) embarks on a new year, we continue to operate in a social climate riddled with challenges and the continuation of the COVID-19 pandemic. Recent events at the United States Capitol building highlight the continued concerns of this country. FOTA supports occupational justice, as we as individuals and an association advocate and take actions to promote social equity and a more just society. We do not condone acts of violence, hatred, racism, or criminal activity, which all fall far from what we stand for as a profession. These events bring to light the need for occupational therapy practitioners to engage responsibly in occupational justice efforts while conducting themselves in a manner that adheres to our profession's code of ethics.

In addressing COVID-19 challenges in Florida, we strive to keep ourselves, our clients, and

the community safe as we follow health guidelines and vaccinations have now become available for frontline workers and the elderly. We also continue to remain connected virtually, as FOTA shares updated information as we receive it on our various social media platforms and website. FOTA also hosted a successful virtual FOTA20 conference, providing continuing education for our upcoming licensure renewal that has been extended through the end of March 2021. Continue to visit our FOTA Connect Facebook group and www.flota.org for updates.

The FOTA continues to advocate for our profession through various initiatives. We currently are working to update our Scope of Practice this upcoming legislative session. We thank our Government Affairs committee, lobbyists, and those who have offered their expertise and perspectives. FOTA seeks to modernize the language in this document, explicitly stating

our role in mental and behavioral health services and advocating for the full scope of services we are trained and equipped to provide. Stay tuned for information on Hill Day initiatives, which have been altered this year due to various factors beyond our control. As a professional association, the FOTA aims to continuously be your voice and welcomes you to be engaged and assist in these efforts.

We thank all of our members and volunteers, as the FOTA would not be what it is without you. Encourage your colleagues to join, get involved, and help us advocate and support our great profession. Our elections are coming up soon, so consider running for an open position or joining one of our committees.

Regards,

Douglene Jackson, PhD, OTR/L,
LMT, ATP, BCTP
FOTA President

Barry University

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ABOUT THE MASTER'S DEGREE
Classes are scheduled two weekends each month in the fall, spring, and summer semesters, so that adults may continue to work and raise their families while preparing for a professional career. **The program can be completed in two and a half years or 8 semesters.** All application materials including transcripts and references must be received by the deadline of March 1st through OTCAS.

ABOUT THE DOCTORAL DEGREE
Courses are scheduled in the evening on weekdays, and weekends, so working OTs may continue to work while completing their doctoral degree. **Up to 6 credits for work experience may be earned through a portfolio submission focusing on leadership, research, or advanced practice.**

Admission is on a rolling basis with the application deadlines as follows:

- March 1 to start in Summer term
- July 1 to start in the Fall semester
- November 1 to start in the Spring semester

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Surviving and Thriving During a Pandemic: OT in the Home and Community Practice Setting



Amanda Kotolski,
Ph.D., OTR/L
FOTA SIS Chair

The current pandemic has made a significant impact in everyone's life. From rapidly changing guidelines, state and federal mandates, and shifting evidence regarding COVID-19; Occupational therapy continues to support patients and their families. However, while continuing to support others it is important to identify alternative decision-making strategies for safe practices and intervention, address special circumstances regarding COVID-19 and identify and implement our own well-being and self-care strategies.

Throughout the past year, there has been many changes. Clinics have physically instituted changes to include 6 feet social distancing rule, eliminated waiting rooms, staggered appointment times, limiting visitors and or having caregivers wait outside and transitioned to telehealth (American Occupational Therapy Association, 2020d). During visits, practitioners now wear masks and face shields, use plexiglass or barriers, rearranged gyms into semi-private areas and or organized to have therapy session outside. Besides physical changes, the way we communicate with patients has shifted. This includes our

communication with patients and families through websites, social media, emails, and phone calls about reopening and COVID-19 precautions, conducting phone calls or collecting paper forms before each session for verification of COVID free symptoms, temperature checks and dedicated cleaning schedules (AOTA, 2020d). As we learn to adapt and compensate our own daily routines, here are some recommendations: suggesting/ requiring handwashing for therapist, patient and caregivers at beginning of therapy session, staggering appointment times to allow for dedicated disinfection time, eliminating equipment that cannot be disinfected, use of homemade pre-packaged personal protective equipment supply kit for each visit to allow for don/doff safely and easy disposal, and requirement of masks for client, family and therapist.

Besides physical changes, COVID-19 has also increased the need for many of our clients regarding social, psychological, and socio-economic needs. During home and community health visits, identifying additional concerns with access to groceries and household supplies due to scarcities. This was clearly seen

with shortages on fresh produce, meat, and toilet/paper products. While many pharmacies offered medication delivery prior to the pandemic, assisting clients who did not have medication delivery

“COVID-19 has also increased the need for many of our clients regarding social, psychological, and socio-economic needs”

to assure adherence to medication schedule while protecting themselves through exposure of going to the pharmacy to obtain medications (AOTA, 2020d). Many clients and caregivers also faced difficulty with obtaining and maintaining physical family support and consistent home health agency assistance due to fear and limited staffing. A number of our clients, besides receiving support, also provide care to family, friends and peers which could potentially place themselves at risk. We and our clients have adapted to using and interacting with friends, family, medical

professionals, and the world through technology such as skype, facetime, amazon echo, google, zoom and Microsoft teams.

With statewide restrictions, lockdowns, fear of contracting COVID, limited social interaction and isolation, and occupational deprivation; many people are experiencing increasing mental health concerns. Being aware of subtle changes in not only our client's mental health but our own is necessary. Conducting ongoing screenings for depression, anxiety, post-traumatic stress disorder and mental health/wellness is best practice. The American Psychiatric Association (2013) reminds us that the pandemic can lead to an increase in symptoms associated with Acute Stress Disorder: exposure to actual or threatened death, serious injury (e.g. having a diagnosis of. Or recovering from COVID-19), repeated or extreme exposure to aversive details of the traumatic event(s) (e.g. medical professionals on the front line, witnessing wrongful deaths, and violence covered by the media), presence of intrusion, negative mood, dissociation, avoidance, and dysregulation in arousal, beginning or worsening after the traumatic event(s), duration of the disturbance for a minimum of 3 days to 1 month after trauma exposure, and clinically significant distress or impairment in social, occupational, or other important areas of functioning (AOTA, 2020b). AOTA published a reference handout on ways to address signs and symptoms of acute stress; see reference link for AOTA 2020a and 2020b. If clients or medical professionals are experiencing any of the symptoms of Acute Stress Disorder, seeking out appropriate medical and mental health intervention is advised.

It is as similarly important that as occupational therapy practitioners we acknowledge our own experiences with stress related to work-life balance while working during the pandemic. It is important to recognize the signs of burn-out in ourselves and co-workers to improve quality of life and best support those we work with and care for. Signs of burn-out include fatigue, poor frustration tolerance, physical and or emotional fatigue, increased anxiety, muscle tension, isolating oneself/ decreased social interaction, changes in sleeping habits, dietary changes, increased illness, frequent loss of concentration/ forgetfulness, depression/feeling of hopelessness and decreased productivity (AOTA, 2020b). Finding purposeful and meaningful occupations to participate in outside of work is beneficial for not only the physical symptoms of stress but is also helps with the mental health and wellness.

During the past year, with working from home and stay at home recommendations, we have seen a resurgence of play and leisure activities. Here are the top 15 hobbies to start during a pandemic to address reduce stress, boredom and burn-out: watching TV shows and movies, reading, working out, arts and crafts, board games, do-it-yourself (DIY), yoga, baking, gardening, video games, meditation, audiobooks and podcasts, writing, learning a language, and learning an instrument (Tarlton, 2020). Perhaps beginning a new hobby or restarting a hobby you enjoyed pre-pandemic can assist occupational therapy practitioners readjust the work-life balance in preparation for the upcoming year.

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“Please like our FOTA HCH Facebook Page”



FOTA20: FOTA AWARDS

THE DAVID D. CLARK OTA AWARD OF EXCELLENCE:

for longstanding significant contribution to the profession of OT

Andre Johnson

Andre has been a very active FOTA member, leveraging awareness about the profession and our organization through social media. He continuously shares pertinent content regarding the OT profession and grew our Instagram account to where it is today. Andre is a voice for the profession, participating in Hill Day, addressing FOTA member concerns, and lending his advice to mentor and grow others. He provides valuable insight and opinions to further our profession and has been instrumental in various FOTA initiatives.



AWARD OF APPRECIATION: Jacqueline B Beck

This is a posthumous award for Dr. Jacqueline Bolden Beck, Ph.D who was a nurse by trade. (She passed in Oct. of 2017) During her career in academia she was entrusted and founded Florida A&M's School of Health Sciences in 1982. The school of of Health Sciences at Florida A&M houses the states only HBCU occupational therapy program and Dr. Beck is someone who is created with the vision of bringing occupational therapy to FAMU which became a reality in 1991. Many occupational therapists in the state and across the nation owe Dr. Beck a great debt of gratitude for her vision of bringing occupational therapy to FAMU and to the state of Florida.



AWARD OF APPRECIATION: Sue Ram OTD, OTR/L

Dr. Ram has exemplified what it means to be a FOTA member. Dr. Ram was a part of the leadership development program and presented at many FOTA and AOTA conferences, where she continued to recruit other students to become FOTA members. She has been a long time FOTA volunteer and managed the Student Resource Web and Newsletter for many years. She has taught many students that membership is crucial to the upkeep of the association and her dedication to that is very clear. So many students look up to her and I hope that she knows her hard work is very much appreciated.



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*Credential and experience levels vary by faculty and instructors.

FOTA20

Student Poster Awards



OVERALL OT WINNER

The Overall OT Award is given to the participant(s) with the highest overall score for an OT program.

Jennifer Ferro

Wheelchairs 4 Kids

Organization:

Building an Accessible Playground and Promoting Inclusion Opportunities for Children with Disabilities



Gannon University
Faculty Advisor:
Dr. Jennifer Castelli

OVERALL OTA WINNER

The Overall OTA Award is given to the participant(s) with the highest overall score for an OTA program.

Christine Vinson

Occupational Therapy:

The Missing Puzzle Piece in Maternal Mental Health



Polk State College
Faculty Advisor:
Dr. Anjali Parti

FOTA20

Student Poster Awards



DYNAMIC PRESENTATION

The winner of this award can be an OT or OTA student(s) whose presentation was engaging, professional, and well planned out.

Meghan Hughes and Suny Faradj-Bakht

Skillin It: The purpose of this capstone project was to develop a reintegration program at a residential adolescent program focusing on substance abuse recovery.



University of St. Augustine
Faculty Advisor: Dr. Kayla Collins

SCIENTIFIC RIGOR

The winner of this award is from an OT program and demonstrates sound and rigorous methodology in their research.

Rebecca Ahrens, Aya Irikawa, Sarah Matz, Charles McMillan, Haley Rinderle, Anna Tabone, and Carissa Waldner

Building Parental Capacity and Child Well-Being in Early Intervention Playgroups



Florida Gulf Coast University
Faculty Advisor: Dr. Sarah Fabrizi

SOUL OF OT

The winner of this award can be an OT or OTA student(s) presentation that truly exemplifies the spirit of OT and meets the core values of the profession.

Grace Jones and Yu Zhang

OT and Mental Health: A Florida Needs Assessment



Polk State College
Faculty Advisor: Dr. Anjali Parti

VISUALLY ENGAGING:

The winner of this award can be an OT or OTA student(s) that exhibit the most visual appeal, exhibit good grammar, APA, and drew and maintained the judge's attention.

Brielle Coleman and Elizabeth Gomez

Improving Self-Efficacy, Social, and IADL Participation, Health Management, and Spirituality in Long-Term Care Residents Through Work-Related Animal Tasks of Chicken Care



AdventHealth University
Faculty Advisor: Dr. Jennifer Radloff

Navigating Disruption Caused by COVID-19 in Higher Education Leadership



Kurt K. Hubbard,
PhD, OTD, OTR/L, FAOTA
Education SIS Chair
Kkhubbard55@gmail.com

Navigating Disruption Caused by COVID-19, also known as the Coronavirus, affected nearly every college and university in the United States by way of normal business operations (Ezarik, 2020). Analyzing the deep-rooted impacts of the pandemic on the higher education sector is an enormous feat, as the reverberations extend through the entire institution (Krishnamurthy, 2020). Leaders in higher education were forced to redefine the look and feel of business operations, which now revolved around remote working (Kuligowski, 2020). For success to ensue, leaders were charged with moving their teams offsite and providing the technical software and hardware for them to perform their essential job functions. The lack of knowledge and preparation regarding the response to the pandemic mandated the implementation of innovative strategies to circumvent the disruption caused by COVID-19.

The worldwide pandemic has brought about the demand for business transformation, including the implementation of modern working and technological solutions (McKenzie, 2020). As a result, colleges and universities have been forced to transition to virtual education and remote working without the proper training, employee and student buy-in, and little time for infrastructure adaptation (Krishnamurthy, 2020; Kroger, 2020). Therefore, it is paramount that forward-thinking leaders in education impart knowledge and practice to instill operational stability (Zalaznick, 2020). To this end, it has been important to manage disruption and ensure business continuity through the pandemic.

A general business problem was that colleges and universities were unprepared to change how they conducted business due to the COVID-19 pandemic. Institutions across the country were affected when the United States President, Donald Trump, declared a national state of emergency limiting travel and enforcing health and safety guidelines. Alongside, individual states enacted orders to include shelter-in-place, non-essential business closures, and sanctions on social distancing (Tharakan & William S. Hein & Co., Inc, 2020). These arrangements resulted in business closures across the country and an astounding unemployment rate of 14.7% (Bayly, 2020). The disruption caused by the novel coronavirus exacerbated concerns beyond health and safety, including the ability for institutions to continue operations throughout these tumultuous times (Koon, 2020).

The specific business problem continues to be that institutions were forced to close their offices and implement remote working with little to no preparation or technological infrastructure to perform necessary business operations (Krishnamurthy, 2020; McKenzie, 2020; Older, 2020). These spontaneous organizational transformations presented leaders in higher education with obstacles related to technological limitations, decision-making, and administration of their teams while working in a remote environment. To ensure the continuance of business operations, leaders must harness the importance of monitoring unremitting communication, support, productivity, and morale of staff members

(Ezarik, 2020; Krishnamurthy, 2020).

Organizationally, it is important to understand decisions made to support the transformation of remote working, employee engagement, and the continuance of business performance and productivity. The highlighting of gaps in practice and providing solutions on how institutions overcame adversity in response to this risk are important to operationalize for other related issues moving forward. Predicting the occurrence of unpredictable events has its challenges; however, emergency preparedness strategies are crucial for organizations when these events unfold (Koonin, 2020). Effects of the COVID-19 pandemic have seeded deep roots into institutions of higher education, impacting students, faculty, and staff. Unfathomable changes in the sector were brought about with little warning and are forecasted to have long-term impacts (Krishnamurthy, 2020). Because of government orders, higher education leaders made steadfast decisions to engage in remote working while employing new technologies and management practices to support the transition (Kuligowski, 2020; ValueWalk, 2020). Specifically seeking to recognize the organizational transformations that took place to support remote working, not only hasten institutes to determine the technological platforms and management practices for a thriving remote work environment. This includes creating an environment of communication, collaboration, productivity, and positive morale.

In conclusion, colleges and universities account for more than three million jobs and providing education to over 20 million students (Kroger, 2020). The continuance of higher education instruction in its usual form has been considerably altered and necessitates collaboration and innovation to succeed. Institutions were forced to transform the delivery of secondary education services and employment frameworks to achieve sustainability. Although some of these areas have changes, at present, higher education leaders were and some continue to be ill-equipped and unprepared to execute the processes and procedures necessary to move their teams remotely while maintaining continuity of operations (Lederman, 2020). Studies show that those who wish to be successful, leading remote teams must remain engaged in communication, collaboration, employee morale, and the incorporation of calming mechanisms through transparency and explanation (Kuligowski, 2020). Education leaders must be vigilant of strategies utilized in higher education to circumvent the disruptions like the one caused by COVID-19 to ensure continuity of business operations through

remote working.

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Advocacy During the COVID-19 Crisis and Its Relation to Early Intervention

Stephen A. Pitts MS OTR/L

With roots dating back to 1975, the Individuals with Disabilities Education Act (IDEA) seeks to provide students with disabilities the same opportunity for education as students who do not have disabilities. Reauthorized in 1986, Part C was added to the IDEA legislation, which provides funding for early intervention (EI) services (The University of Kansas Department of Education and Human Services, 2020). Holistically, Early intervention (EI) services are comprehensive and intricate; however, it has become apparent that IDEA was not designed to deliver services during a global pandemic and the provision of EI services becomes even more problematic as EI services are designed to be delivered within the context of the student's natural environment (AOTA, 2019). Throughout 2016-2017 Early Steps, Florida's EI program, served more than 51,000 children with disabilities to promote functional independence and to empower parents and families (FDOH, 2018).

In January 2020, the first positive case of COVID-19 surfaced in

the State of Washington; the virus spread at an alarming rate and led the United States into one of the greatest times of fear and uncertainty. Due to the rising fear and public health concerns President Trump shut down the nation. Shortly thereafter, local and state educational agencies began closing their doors and began the transition from in-person learning to distance learning platforms. While state and local agencies struggled to provide special education and related services virtually, a climate of fear and uncertainty caused many families to no longer allow EI therapists into the home. For some teletherapy was a saving grace, but for children and families in rural areas teletherapy was not feasible. Many people living in rural communities have limited access to internet and appropriate technology to participate in teletherapy.

In May 2020, in response to the COVID-19 outbreak, the American Occupational Therapy Association or AOTA, created a coalition with other professional organizations urging Congress to provide specific, targeted

support to EI services and special education for infants, toddlers and preschoolers with disabilities as part of any additional funding for IDEA. Specifically, the coalition advocated for \$12.5 billion in additional funding for IDEA, including \$500 million for IDEA Part C (Saffer, 2020). Citing the benefits of IDEA, the coalition indicated that by passing legislation that would allow for the disbursement of additional funds for Part C, Congress can: "ensure that current and future infants, toddlers, and preschools with, and at risk for, disabilities receive the services they need to live and learn as independent as possible" (Saffer, 2020).

“Congress can: ensure that current and future infants, toddlers, and preschools with, and at risk for, disabilities receive the services they need”

In June 2020, the Senate introduced Bill S.4100 titled Supporting Children with Disabilities During COVID-19 Act. The Bill was designed to provide supplemental appropriations for grants and accordingly aid states with provision of special education as well as related services to children with disabilities. In addition, the Bill specifies early

“Current data suggests that over 40 percent of occupational therapists work in a school-based therapy setting”

childhood educational programs and reporting guidelines related to the usage of the funds. Specifically, it imposes requirements for the Department of Education to report and publish requirements on their website and directs the Department of Health and Human Services to release specific expense reports related to the allocation of the funds (S.4100 - Supporting Children with Disabilities During COVID-19 Act 2020).

What can we as occupational therapy practitioners do now? As demonstrated in the successful passage of the bill S.4100, we can advocate, educate, and communicate. It is without question that occupational therapists are strong advocates, both for their clients and their field. Current data suggests that over 40 percent of occupational therapists work in a school-based therapy setting, while another 4 percent work in EI (AOTA, 2014). In

order to protect our clients and our profession, we must advocate and reach out to our local and state representatives. As we advocate, we must also educate. Advocacy can be as simple as sending an email to your representative, calling their offices, or as complex as inviting them to your facility to see therapy in action (AOTA, 2020). When calling or meeting with a representative we must educate representatives on the beneficial value of occupational therapy. Often, adding a personal touch, such as asking if the specific representation has had any prior positive experience with occupational therapy? helps to advocate one's cause. Once we establish a strong connection, resulting from strong advocating and strong education, the chance that the representative will support our wishes becomes greater. Representatives have dozens of bills that they must be aware of and, in some cases, some representatives may not be overlook bills that they have little knowledge on. After advocating and education, it is important that occupational therapists communicate. Communication is key to advocating and educating. For example, it is also important to send a follow-up thank you letter if you spoke with a representative. By advocating, educating and communicating, we can join with AOTA and seek to help our clients receive the best services possible.

If you would like to get involved, please contact AOTA Political Action Committee, or please contact FOTA Government Affairs.

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Creating New Opportunities for Fieldwork Level II

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Occupational Therapy continues to improve and expand into new areas of practice and technology. The use of Learning Management Systems (LMS) within the classrooms, virtual learning experiences, virtual game-based learning platforms, and research to support evidence-based practice are examples of the profession's growth and development. As we reflect on the events of 2020, we recognize how these innovations have seen their way into the students' and faculty's fieldwork experiences at Concorde Career Institute in Miramar and throughout Florida.

Amid the COVID-19 pandemic, OT and OTA students were scheduled to complete their Fieldwork experiences. With the nationwide closure of hospitals, clinics, schools, and businesses, we lost more than 90% of the scheduled fieldwork placements. Every cancelation felt like a stab in the heart and brought on anxiety. After a few weeks, outpatient clinics reopened with the use of telehealth or at 50% capacity. However, many sites did not reopen, and I was at a loss about securing additional placements.

Students were justifiably concerned about delayed graduation dates, but they were also fully aware of the circumstances and the efforts being made to find placements. The key to our success in student retention despite the difficult circumstances was a commitment to effective communication. The students received regular email updates in addition to in-class briefings where plans were made clear on the progress.

Having served as an occupational therapist in assisted living and skilled nursing facilities for 15

years, I identified the impact this pandemic would have on our community's older adult population. The development of partnerships to promote wellness and fulfill our community's needs became a goal of the OTA program. A study by Rana et al. (2020) indicating that "social isolation, social distancing, social disconnectedness, and loneliness were found to be mediated with depression and anxiety" supports our plan of action. A similar article by Mukhtar (2020), states that the COVID-19 pandemic is a threat to the public health among older adults due to the impact on psychosocial, psychological and health factors, such as cardiovascular, autoimmune, neurocognitive, neurobiological, and other at-risk health problems. Research and evidence-based data led my thoughts on how we could step into older adults' homes via telecommunications.

I reached out to an adult daycare center in our area, which closed secondary to COVID-19. We have an active clinical affiliation agreement with this facility, and they successfully worked with Level I and Level II students in the past. Within a couple of days, I created a presentation, pitched the idea to the facility directors, and gained the approval to execute our plan. We established a collaborative approach with the nursing staff to bring this idea to fruition. After creating site-specific objectives and relaying an outline to the students, three OTA students were tasked with creating the intervention sessions, which ran three days a week/two times a day under my direct supervision. Using the collaborative models, these students designed various exercise groups, researched multiple cognitive games and activities, crafts (the supplies were delivered to the participants'

homes), and information sessions for health and wellness. Via a video conference platform, we launched our online groups. The students also had the opportunity to review the participants' medical charts, which aided in creating individualized and group goals.

As part of the fieldwork experience requirements, the students completed group protocols and task analysis for each activity, SOAP notes, and a needs assessment at the beginning and the end of the fieldwork rotation. They also explored different leadership roles within each group to observe the group process and the various group dynamics. The daycare center allowed the students to have individual sessions with a few clients who could not participate due to technical difficulties and lack of caregiver assistance. During these sessions, the students practiced completing the occupational profile and various cognitive and behavioral assessments/screens and created activities based on the client's interests and needs. The students became adept at building rapport with their clients.

The occupational therapy interventions were vital in assisting many older adults in our community in decreasing the negative aspects of quarantine. It also allowed some of the OTA students of Concorde

Career Institute to successfully participate in a nontraditional fieldwork experience while adhering to the 2018 Accreditation Council for Occupational Therapy Education (ACOTE®) Standards. It is our goal during these unprecedented times to continue to evolve our curriculum development to meet the needs of our students.

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FLOTEC Mission Statement:

To promote, encourage, and foster quality fieldwork education in collaboration with fieldwork educators for the benefit of all Occupational Therapy students in the state of Florida.

Florida Occupational Therapy Educational Consortium (FLOTEC)

The Florida Occupational Therapy Educational Consortium is an organization dedicated to the development, implementation, and support of quality fieldwork education for OT and OTA students. The partnership between education and practice provides leadership for fieldwork education programs and clinical faculty development.

Through open discussion, networking, and aggressive exploration of opportunities and visionary ideas, the group fosters and supports dynamic fieldwork education environments for fieldwork faculty and students.

These environments enable the student to transition into a competent and socially responsible professional who understands, responds, and promotes creative problem solving in the rapidly changing, competitive health care delivery system. The Consortium explores, designs, and implements innovations that assist practitioners in the provision of quality learning experiences to meet its mission of excellence in fieldwork education.

Occupational Deprivation Among the Refugee Population

Kelly Ferrer, Aqeela Mohamed, Chia-Wei Fan
AdventHealth University

According to the United Nations High Commissioner for Refugees (UNHCR), nearly 80 million individuals were displaced globally by the end of 2019 (UNHCR, 2020). One of the major tenants of occupational therapy is acknowledging the vital role occupational engagement plays in everyday life. Yet currently, there is limited evidence-based research on the benefits of occupational therapy for the refugee population. Although widely unfamiliar to most Americans, Clarkston, Georgia has been designated “the most diverse square mile in America” (Moss, 2015). Mayor Ted Terry told Today News that Clarkston, GA is the “Ellis Island of the South” (Stump, 2018). An organization of missionaries and volunteers who have established deep relationships with many refugees in the area are already working with this population. Seventeen of the organization’s employees were given an online survey based on the Occupational Therapy Practice Framework–4 (OTPF-4) (AOTA, 2020) to investigate occupational deprivation in Clarkston’s refugee population. Twelves participants have worked for this organization for 1-2 years, four participants have worked for over 3 years, and one participant for 7-11 months. Responses to the survey highlighted the struggles refugees face in their work, community and culture, mental health, and role changes. These barriers place refugees at risk

of experiencing occupational deprivation, impacting

“nearly 80 million individuals were displaced globally by the end of 2019”

their overall quality of life.

Job

Employment opportunity allows an individual to use their acquired skills and provides people with a means to engage in meaningful occupations. Many study participants expressed that refugees have a hard time finding jobs that provide financial security. “The family members that do come together [to America] face the task of trying to produce a livable wage among them.” In many cases, refugees arrive with little to no proficiency in the English language and work experience or education that may be invalidated in the United States. One participant stated,

“a man who worked as a top bank official for 30 years cannot get a job. A doctor who spent years practicing overseas cannot find a job in the U.S. because his degree is not recognized here.”

Community and Culture

This population has difficulty connecting with people around them. One participant stated, “. . . one thing they have lost is the interaction with many from their community. They have lost a sense of belonging.” Some participants highlighted cultural barriers such as language, values, norms, or beliefs as reasons why some refugees struggle to find community. One response highlights these barriers by discussing how refugees face “much more isolation. [It is] hard finding others from their home country [or others] that speak their same language. . . less communal gatherings and traditions that come with that [because] kids and parents don’t know each other’s languages.” One participant emphasized the clash with American culture, “American individualism is very hard on refugees. I often hear that their cultures are much more social and interactive than most Americans are comfortable with.” Racism and discrimination towards this population were said to prevent refugees from feeling like they belonged to a community. “They can be taken advantage of because they do not have the best English or completely understand the culture. They are discriminated against many times.” The lack of social interactions and a sense of community may hinder a refugee’s ability to engage in occupations that are valuable to that individual.

Roles

“Role reversal” was a common theme in the participants’ responses, which refers to a parent-child relationship in which a child adopts parental behaviors (e.g., caretaking, supporting, nurturing). At the same time, the parent acts helpless, seeks reassurance, and engages in other dependent behaviors (Oznobishin & Kurman, 2009). When it comes to the teenage refugees, they are pulled in different directions and are expected to take on various roles when needed. They are the caregivers for their younger siblings and elderly grandparents and translators for their parents. One participant shared that many teens need to take up an afterschool or weekend job to help support the family.

Mental Health

Participants identify several mental health conditions that are present in refugees in Clarkston, which include: anxiety, PTSD, depression, chronic stress, and substance abuse/addiction that persists after

moving to the U.S. When asked about how these conditions interfere with daily life, one participant said, “I see many mental health problems in the children that interfere with their schoolwork; many children show signs of PTSD and anxiety. I also see adults engaging in substance abuse regularly. Some children exhibit behavioral issues due to conditions at home with parents being absent or parents not dealing with their own PTSD.” After surviving conditions of war and/or famine, refugees are at risk of facing severe disruption to their mental health, which directly affects their ability to engage in meaningful life activities.

Conclusion

All the domains mentioned above were covered in the OTPF-4; therefore, it is well within our realm to address these factors. Working with the refugee population allows therapists to address the core of occupational therapy. As practitioners, we have been provided with the education and training to apply the skillset needed to empower this population. Refugees from around the world have faced extreme hardships. As occupational therapists, we can positively impact them by reducing the other struggles they may face once migrating to the United States and helping shape a better life for them.

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Occupational Therapy in Acute Care Setting- Roles and Opportunities



Kristin Domville DrOT MOTR/L
FOTA SIS Chair

The acute care setting is a health care setting where an individual receives active but short-term treatment for an injury that they may have sustained, treatment for the exacerbation of an illness, or treatment and diagnosis of a new illness. Individuals who are receiving care in the acute care setting may also qualify for rehabilitation services. Rehabilitation services that are offered in the hospital are occupational therapy (OT), physical therapy (PT), and speech therapy (SLP). Depending on how long an individual will remain in acute care will directly impact the amount of rehabilitative services provided. The length of stay can range from a few days (for example, after a knee replacement) to months (for example, someone on life-supporting devices awaiting a transplant). It is to the individuals benefit that they receive rehabilitative services, especially OT. Occupational therapy in acute care can significantly improve an individual's independence in self-care, functional mobility, and improve overall functional outcomes upon discharge (AOTA,

2017). Although, OT in acute care setting, is seen as a crucial service to improving individual's quality of life and independence only 28.6% of occupational therapists (OTs) are working in the hospital setting (AOTA, 2019)

As compared to other rehabilitative services, OT utilizes a holistic and client centered approach to evaluate and provide treatment to individuals within the acute care setting. Occupational therapists not only maintain a holistic view when providing interventions, they also play a complimentary role to specialty services in the acute care setting (Rogers et al., 2016). These specialty services include, Critical Care, Medical-Surgical, Neurology, Orthopedics, Psychiatry/Behavioral health, and Pediatrics. Another critical role for OTs in acute care is their valuable input to the interdisciplinary team. OTs provide dynamic interventions to improve patient care outcomes that impact a person's discharge status. Without the OTs input on how a patient is able to complete daily life activities, safely navigate their environment, and demonstrate insight to their current strengths

and barriers, the patient is at risk of being discharged to an unsafe environment that will ultimately result in hospital re-admission. It is within the acute care setting that OTs play a critical role in starting the successful rehabilitation process (AOTA, 2017; Bruzzese, 2017; Rogers et al., 2016)

Changes in health care policy and payment impact the role of OT in the acute care setting. Over the past decades, as well as in the future, health care policy and payment are continually being reformed. These changes impact the quality of care, the amount of care, and the role OTs have in the care of patients within the acute care setting (Pritchard et al., 2019). Health care policy and payment reform changes are enforced to try to find cost effectiveness, improve quality outcomes, and improve the experience of the health care consumer. Although, sometimes reform can seem like a barrier to the profession of OT, it provides opportunities for the profession of OT. The Affordable Care Act (ACA) provided initiatives which led to changes in Medicare, Medicaid, and private insurances expanding the opportunities for OT services

(Pritchard et al., 2019). In 2012, ACA directed the Centers for Medicare and Medicaid Services (CMS) to implement cost effective programs known as the hospital readmission reduction program. CMS also implemented in 2014, the hospital-acquired condition reduction programs which influences hospital budgeting and purchasing. Other health care programs and reforms that impact health care services introduced by CMS include the bundle payment initiatives and The Improving Medicare Post-Acute Transformation Act of 2014 (IMPACT). All these initiatives provide opportunities for OTs to increase their presence and services in areas that are both directly related to patient care and outside the realm of patient care in the acute care settings (Pritchard et al., 2019).

OT's are trained to understand the dominions of quality assurance as it relates to context and environment. With that thought, OTs can provide valuable input through the constructs of the Person Environment Occupation Performance theoretical model (PEOP) to improve quality of care provided in the acute care setting (Evangelist, 2019; Prithcard et al., 2019). OTs have the knowledge and skills to develop and initiate holistic training programs within hospital settings. These types of programs will ultimately focus on decreasing hospital-acquired conditions and re-admission numbers through educational programs delivered by OTs utilizing PEOP. When using the PEOP model's perspective, OTs consider the psychological, neurological, spiritual, physiological and performance components of an individual to understand the how to provide the best care for individuals. Providing training for hospital staff on how to see a

person in their environment and identify barriers and weakness will improve patient outcomes, decrease re-admissions, and reduce hospital acquired conditions (Evangelist, 2019; Pitchard et al., 2019; AOTA, 2017; Wong & Fisher, 2015).

The PEOP model also provides the theoretical lens for OTs to provide direct patient care services that improve medical services provided to a patient in acute care. Within the acute care settings, OTs have an opportunity to not only enhance the way they provide current patient care services but expand on their services. Opportunities to expand include:

- Pre-surgical Instruction
 - » Total Joint Replacements
- Early Mobilization
- Fall Prevention
- Infection Prevention
- Increased DC from acute to home instead of PAC settings
 - » Acute care OTs to provide: caregiver education, wellness initiatives, emphasize evaluation at home within 24 hrs.
- OT's play a Key role in early mobility in ICU
- Reduce Hospital Acquired Conditions (HAC)

OT's have the flexibility to adjust their interventions to meet patients' needs throughout the continuum of care. Acute care interventions require quick decision making and prioritizing for the discharge planning process. OT is an essential part of an individuals plan of care while admitted into the acute care setting. In general, OTs are an integral part of the interdisciplinary team to support the success of a patient's rehabilitation process and to also provide preventive measures for patient care within the hospitals.

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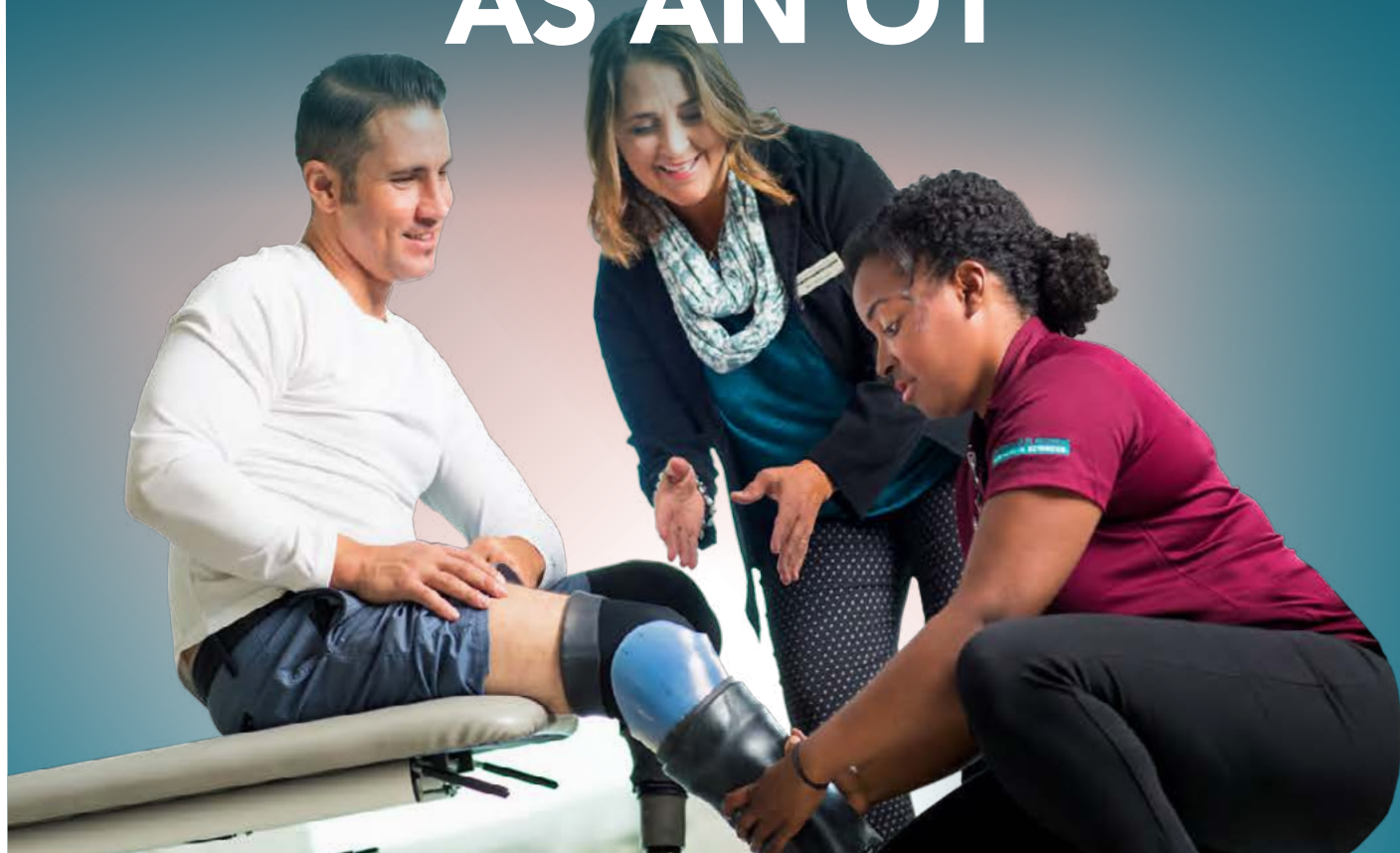


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