

CHAIR'S LETTER

Greetings from North Dakota on this chilly day in November,

It has been a busy year, and much has been happening at UND and the Occupational Therapy Program! I want to take a moment and update you on some of what the department has been working on.

We started our third OTD cohort this fall and have 14 wonderful students in Wyoming and 43 students in Grand Forks. Our students continue to be an inspiration to me; seeing the future of our profession and the meaning our graduates will bring to their clients makes me excited!

Biggest news! We had a very positive onsite visit from the Accreditation Council for Occupational Therapy Education (ACOTE). The reviewers completed the visit the first week in October. Given how complex the last year has been, we had one reviewer in Grand Forks, one in Casper, and one who joined us virtually. Coordination of three time zones over Zoom is a challenge! The team offered us great suggestions and were very positive about what we had accomplished thus far with the entry level Occupational Therapy Doctorate. We have our fingers crossed and are awaiting the final report for our initial accreditation after ACOTE meets during the first weekend in December. Stay tuned for more details in the next newsletter!

COVID has caused us to adapt our curriculum and rethink how we do business in many ways. We have learned first-hand how important it is to be flexible, adaptable, and ethical as we negotiate what we do. Faculty have been amazing in adapting learning activities, providing feedback in a wide variety of forms, and being innovative in helping students master the skills and critical thinking needed for success in practice. I want to thank our fieldwork educators who have supported and encouraged us, who have been diligent in providing hands on learning experiences for our students while facing their own COVID impacts, and who continue to provide occupation-based therapy services to clients across practice settings, populations, and age ranges. We could not have done this without you!

Our first class will be starting their doctoral experiential placements this coming spring, it is fun to see what they are planning and hear the passion in their voices. As a snapshot of some of the areas of focus, students will be working with community agencies to provide wellness opportunities, school systems to develop programming to support students, researching the role of OT in community mental health,

providing wellness education to food insecure populations, and dozens of other projects. If you have an idea about program development that you want at your facility, we are here to support you. We would love to partner you up with a team of students.

As I have been thinking about the past year, I am forever grateful to our alumni who have donated to the OT department's various alumni funds. Your donations not only support student scholarships, but also support the extras that can make a difference for a student's quality education. I have had more time to reflect about quality of life and what has an impact on me. I can honestly say that one of the foundational pieces of where I am today is the education I received as an undergraduate student in occupational therapy. Next year I will be celebrating the fortieth year I have been practicing in occupational therapy, and I am grateful for my education here at UND.

I hope that your education at UND has been the foundation for your quality of life! I would like to challenge all graduates from the bachelor's and master's classes to consider giving \$1/day for the next year. Money donated from alumni funds helps provide the support that make a meaningful education, whether a pizza celebration for students during OT Month or a continuing education event or a student scholarship.

We greatly appreciate all that you do to serve your clients and communities. We are proud to call you our alumni and look forward to working with you!

Janet Jedlicka
Professor and Chair
UND Department of Occupational Therapy



ALUMNI REFLECTIONS ON COVID-19

Three OT alumni were asked to reflect on the impact of COVID on their practice this past year. Here are their reflections:



Alison Ikeogu

I was in my current position for only five months before the pandemic hit. I am the only 1.0 acute care therapist—everyone else is part-time or per-diem. On a given day, we have 12 or 13 OTs who are staffed in our rehab department (which is divided between acute care and inpatient rehab). Because I am the only full-time acute care therapist, I was

the most logical choice to be the head OT for COVID patients (as well as my experiences and ability to work with all diagnoses). For the first 5+ months, I was the only OT seeing COVID patients. My team was one PT, one SLP, and my supervisors attempting to support us. I live alone so had no risk of spreading COVID to family (all of my coworkers have children or spouses). But it was difficult to know if I was doing the right thing. At that point, I had 2.5 years of general OT experience. I have colleagues who have 15-20 years of experience. There were so many sessions where I wondered “What am I even doing with this patient, how am I even helping them?” because so often I felt I wasn’t “doing OT.” During our bi-weekly small group COVID meetings, our supervisors encouraged us to look at the research (that was provided to us by one of our colleagues) and look to our discipline-specific sources. NBCOT is what guided me to understand that what I was doing with my patients was OT. I printed out the charts they provided on their website, hung them at my desk, and used them as my reference whenever I had doubts. OT is all about patient-specific needs. What do they need in order to be independent in their daily activities, hobbies, job? In an acute setting, that often means working towards independence for a safe discharge home. This includes safety with dressing, toileting, and showers. However, my COVID patients often did not have the energy, tolerance, or ability to complete these most basic tasks. When a patient de-sats to 78% from doing a simple task of rolling in bed, we can’t advance to the more standard practices. Some sessions, all we could do was sit on the edge of the bed for 2 minutes, then lay down and focus on breathing for the next 25 minutes to bring them back to a safe range. That is not a typical OT session, and I was not trained for that. Many sessions, I would spend 20 minutes just talking with the patient. Talking about their lives, their goals, their fears. We have such a unique role as a therapist because we are allowed that time. The nurses, nursing aides, and doctors just simply do not have time for that, usually. And these patients were/are bored, lonely, and afraid. Especially at the beginning of this. So, to be that person just to be present, to make them feel like a person and to show that I wasn’t afraid of them, was sometimes all they could handle. And when you think of it, that is truly what OT is. Meeting our

patients at their level, grading a session based on what we see, and providing support for their life. I’m still feeling the affects emotionally from this. I had to deal with death more than I had ever imagined as an OT. But I have grown as a person and therapist more than I probably know.



John LeClerc

Working during the pandemic has been both a rewarding and challenging experience. Having multiple sites to serve as a rural clinician allowed me to see the various forms COVID-19 can take among those in skilled nursing, home health, outpatient, and ALF settings. In rural Minnesota, we saw cases come in waves which caused us

to be increasingly vigilant on symptom monitoring and screening clients. The biggest effect I saw was extreme fatigue and weakness in clients. Additionally, there were many clients who saw exacerbations in preexisting health condition symptoms with no other known catalyst than COVID-19. It is in times like these that occupational therapy truly stands out when returning to daily occupations is paramount in restoring as much normalcy as possible amidst a time of widespread panic. It is a blessing to be an occupational therapist and know that my work aids in improving the quality of life of others and especially throughout this unprecedented time in history. As a profession that has known the need to adapt historically, I feel our profession thrived and will continue to flourish in this unique and troublesome time as a key player in keeping clients' occupational identities alive.



Allison Tipton

January 22, 2020, marked the beginning of our ninth year as Canyon Therapy in Cody, Wyo. Our outpatient clinic employed 10 people, including my husband (PTA) and myself (OT, CHT), two administrative employees, two other OTs, an OTA, and three physical therapists. Our year started out strong with back-to-back record setting

months in January and February. March 2, 2020, was our busiest day ever. Then things changed. The world was hit with COVID-19. Our vocabularies grew to include coronavirus, pandemic, PPE, PPP, the CARES act provider relief program, quarantine, social distancing, N-95, telemedicine, elective procedures, and essential employees. Our caseload dropped by 50% in one week as fear hit our community. At Canyon Therapy we primarily provide orthopedic services. Elective surgical procedures stopped for six weeks. We were labeled “essential

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ALUMNI REFLECTIONS ON COVID-19

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employees” but we didn’t have many patients to treat. It was a distressing time. We had to figure out how to continue to provide services within these new guidelines. Our team pulled together to support each other, our patients, and our community. We offered extended hours and private treatment rooms for patients that were uncomfortable being treated in the main area of the clinic. We completed additional team trainings on COVID-19, PPE, safety and telehealth. We re-arranged the clinic to allow for social/physical distancing. We offered telehealth services. We purchased lots of sanitizer, masks, and cleaning products. Lots of cleaning products! We did patient education to help people understand, as best we could, how to protect themselves and their loved ones. Education was also vital to help patients understand why it was necessary to continue to receive occupational and physical therapy services so that they could get back to doing what they love to do. As I reflect on 2020, I am again aware that we are very blessed. Wyoming never totally shut down like so many other states. Our clinic survived and has returned to roughly normal caseloads. We were able to continue to treat patients even at a much lower rate. We had the financial ability to maintain full pay for our team. We worked together and survived.

LIFE HISTORIES OF KEY OT LEADERS

The OT Leaders and Legacies Society (OTL&LS) has recently archived a UND OT Students’ Oral History Project on their website: OTL&LS Oral History Project. OTL&LS preserves and honors OT leaders by collecting, documenting, and disseminating their personal leadership stories. The mission of the OTL&LS emphasizes OT history and social contributions that enrich the profession. Of particular importance are contributions of OTs of color.

For the UND OT Oral History Project, students interviewed two of these OTs, Dr. Lela Llorens and Dr. Shirley Wells. Themes from the interview with Dr. Llorens related to her positive mindset to overcome challenges, the value of serving others, and a paradigm that OT is way a life. Among many national awards and contributions to the OT profession, she most notably delivered the 1969 Eleanor Clarke Slagle Lecture, entitled “Facilitating Growth and Development: The Promise of Occupational Therapy.”

Similarly, Dr. Shirley Wells impacted the OT professional profoundly by serving the needs of others and advocating for the profession, which was the overarching theme from the OT students’ interview. Dr. Wells contributed to OT by promoting inclusion and diversity and co-authored the book *Culture and Occupation: A Model of Empowerment* in OT. Dr. Llorens and Dr. Wells were both selected in AOTA’s 100 Influential Persons in 2017.

In total, UND OT students conducted 80 interviews with OT leaders at the state, regional, and national level. They utilized qualitative research methodologies to create themes that represented the essence of their interviewees’ stories. Recordings of the actual interviews, abstracts, posters, and papers can be accessed through UND’s Scholarly Commons: UND OT Oral Histories. This project was directed by OT faculty Dr. Janet Jedlicka and Dr. Gail Bass, and Research and Education Librarian Devon Olson.

STRENGTHENING RESILIENCE

Promoting Positive School Mental Health Among Indigenous Youth

Dr. LaVonne Fox (OT), Dr. Sarah Neilsen (OT), and Thomasine Heitkamp, LCSW, (UND College of Nursing & Professional Disciplines) collaborated recently to create a beautifully designed, web-based, holistic document that addresses learning and behavioral health needs of Indigenous youth. All K-12 professionals will find “Strengthening Resilience: Promoting Positive School Mental Health Among Indigenous Youth” to be invaluable. Faculty in higher education are also encouraged to utilize this resource with their students to enhance cultural sensitivity and competence when working with Indigenous populations and communities.

Strengthening Resilience describes needs of youth within an historical context to enhance resiliency. The authors offer strategies and resources that include the Seven Teachings and the Circle of Courage. Strengthening Resilience also presents a fictitious case scenario to

showcase culturally-sound actionability of the information and resources provided by a team of K-12 professionals as they address the needs of a young girl and support her overall well-being.

You can find Strengthening Resilience online at: <https://mhttcnetwork.org/centers/mountain-plains-mhffc/product/strengthening-resilience-promoting-positive-school-mental>.

Strengthening Resilience was funded by Substance Abuse and Mental Health Services Administration of the Mountain Plains Mental Health Technology Transfer Center network.

Statement: “As Indigenous people we have faced historical, intergenerational, and transgenerational trauma via physical and cultural genocide for over 500 years and yet, we are resilient. It is time for our cultural resurgence and healing.”

OT STUDENTS CREATE HIGH-IMPACT ADVOCACY AND COMMUNITY-BASED PROJECTS FOR SOCIAL CHANGE

The healthcare setting in the U.S. demands specific skill sets in graduates that emphasize broad impacts necessary to address the changing needs of a diverse society (Tyminski et al., 2019). The role-emerging setting of community-based practice is one such complex context, and has become increasingly significant in the preparation of entry-level occupational therapy (OT) graduates through the need to develop competencies unique to the community setting, including adaptability, self-direction, unique critical reasoning, and communication (Winstead, 2016). The OTD program has developed specific curricula to meet these critical entry level competencies through the delivery of high-impact practice (HIP) team-based advocacy and community assignment.

Community-based practice has taken on an increasingly prominent focus in the AOTA's Vision 2025. Present in the Vision 2025 is the understanding that OT practitioners will demonstrate the competencies needed to "maximize health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living" (AOTA, 2018, ¶ 2). Further, changes to ACOTE standards also place a strong emphasis on population health and a graduate's ability to research, design, and implement programming that supports health and well-being across society (Domholdt et al., 2020). As indicated by Tyminski et al. (2019), the skills necessary to meet the dynamic realities of OT practice are best presented in integrated curricular designs that emphasize flexibility and adaptability of curriculum as contexts change in the practice environment.

In response, department faculty designed integrated content and assessment in the fifth didactic semester of the OTD that assigns teams of students with a faculty member in a Level I fieldwork integration course and a community agency in need of programming. Grounded in Tornebohm's professional identity model (1991), this integrated HIP encourages students to develop their own understanding of their role as leaders, managers, and advocates for OT services in relation to the broader society. Also incorporated in the courses and content are the curricular pillars of the UND OT Department, including innovative and intentional leadership, innovative practice, professional identity and collaboration, diversity and inclusive participation, the art and science of OT, and management and

advocacy for OT practice. Course objectives for the four didactic courses, OT 513 Community-Based Practice Interventions, OT 514 Innovative Practitioner, OT 516 Fieldwork and Integration IV, and OT 517 Education in Occupational Therapy, aligned with these curricular threads in support of the HIP project. Each course contributed a specific component of the final product created by the students and delivered to the community agency partners.

This HIP assignment was launched in spring 2021 to strong learner outcomes. Examples of team projects included the development of an organizational framework and resource manual for a supported employment program at a local mental health center, a resource guide for improving sleep for emergency shelters, an education and advocacy toolkit for community integration of refugees, an education and marketing toolkit for equine therapy programming at a youth ranch, an education toolkit addressing sensory and social emotional learning, and refinement of family intake processes and parenting resources for a local family counseling center.

Student teams will again be paired with a community agency in spring 2022. If your agency is interested in pairing with a student team to develop a project, please contact Dr. Cherie Graves, cherie.graves@UND.edu, or Dr. Breann Lamborn, breann.lamborn@UND.edu.

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