



M.J.O.T.

Maltese Journal of Occupational Therapy

Editorial

The third issue of the Journal of the Malta Association of Occupational Therapists is finally out! A modest effort, but the work is compounded by a lack of motivation by members of the profession to put pen to paper. It is a sad state of affairs, because the OT field locally is rich in people with different experiences, various work settings, and specific clinical cases. It reminds me of the "spirit is willing but the flesh is weak" syndrome.

An effective and efficient OT has to combine three roles: that of a clinician, of an educator, as well as a researcher. If one makes the effort to record what one carries out in any of these fields on a regular basis, the raw material needed to mould an article is readily available.

The Journal - which ideally has to be published quarterly - is the official mouthpiece of the profession, a platform of communication for OT's, as well as extension service with other professions. It is YOUR Journal. An appeal is again made for contributions towards the next issue. Please send your articles to the Editorial Board, c/o Occupational Therapy Department, Boffa Hospital, Floriana.

- The Editorial Board

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The Malta Hospice Movement

Simone Aquilina Dip. O.T. SROT Adrian Azzopardi Dip. OT SROT

The Malta Hospice Movement is a voluntary charitable organisation managed by a council composed of professional and lay people for persons who are suffering from Cancer.

The Malta Hospice Movement was founded in 1987, after discussions were held in the Catholic Institute regarding the problem that patients and their relatives were facing.

Hospice Care requires team work, doctors, nurses, social workers, occupational therapists, physiotherapists, the clergy and lay volunteer helpers. All have a valid contribution to the total care of the patient and his/her family. Relatives and/or friends may ask the patients' general practitioner or hospital consultant to refer him/her to hospice and this may be for patient, or relative counselling, for advice on symptom control, for day or home care, according to the immediate needs of the patient and his/her family.

When patients are referred to hospice care they may be anxious, weary of pain and fearful of the unknown. Some are already aware

that their life expectancy is weeks rather than months, many are suffering severe pain or discomfort from other distressing symptoms. The first task of the Hospice doctor and nurse is to gain the patients' confidence and trust by providing appropriate treatment to alleviate the physical suffering. It requires the administration of medication, therapies and nursing procedures which when correctly applied will relieve the physical suffering while avoiding diminution of the patients' mental alertness.

Other causes of suffering must then be tackled: social, emotional and spiritual. A dying patient is a living person and the Hospice's aim is to enable patients to live until they die and to put the remaining precious weeks to good purpose. It is very easy for dying patients to become isolated and lonely. They are weak, dependant, vulnerable and in need of that security, which can only be felt through love and kindness. They need to feel wanted, loved and accepted and often have to be helped to accept the reality of dying.

The Aims of the Hospice Movement

To provide palliative medical and nursing care, complementary to existing hospital and community services, to patients with progressive and incurable illness.



To provide physical, psychological, social and spiritual care for the patient suffering from an illness diagnosed as terminal.



To care for the families of dying patients during illness and bereavement.



To be a centre for the teaching and study of terminal care.

O.T. involvement with Cancer Patients

We have been involved with Cancer Patients since November 1993 and started working with the Hospice Movement since October 1995.

O.T. involvement with Cancer Patients in Boffa Hospital consists of Home Visits and individual sessions.

The most valuable thing we can give to patients is our time. This provides them with the opportunity to express their fears and anxieties and these may well be dispersed by unhurried and repeated discussions.

Although we attend once weekly at Hospice Movement we have a good contact with the Multi-disciplinary team.

O.T. services at Hospice include:- group therapy in the Day Centre, individual sessions, advice on certain problems and energy saving techniques and home visits.

Conclusion:

As the patient's life degenerates there may be a parallel disintegration of the family. Even before the patient dies, the mental anguish of grief will be evident, and the total care of the dying patient includes care of the family with bereavement support.

Grief is the price to be paid for loving someone, and there is no short cut through it. It is however a particular aspect of suffering for which a firm religious faith will give great solace.

International Short Term Training Course in Geriatrics

Two O.T.'s, Bernadette Falzon, Dip. O.T., SROT, from St. Vincent de Paule Residence for the Elderly, and Janette Massa, Dip. O.T., SROT from Zammit Clapp Hospital, attended a two week course in June 1996 on Geriatrics. The following are their comments and observations.

The International Institute on Ageing this year organised its 6th short term course in Geriatrics comprising of several tutors giving lectures, all related to ageing.

In all there were 29 participants from all over the world, ever as far as Western Samoa. Different professions attended the course including, Occupational Therapists, Nurses, Assistant professors, Physiotherapists, Medical Doctors, a Dentist, and Directors of various hospitals.

Among these 29, 14 were Maltese and 2 were Occupational Therapists.

Issues and topics covered were:

Biology of ageing: Age is not a disease and cannot be prevented. Being old depends on individual circumstances and environment. Definition of "elderly" varied from country to country with life expectancy and retirement ages being used as indicators rather than definitions of elderly.

Behavioural and Social aspects of Ageing: The role of the family in the transmission of values pertaining to family care of the elderly was discussed. The role of the family in the demographic transition occurring in developing countries was emphasised.

Epidemiology: There was a general consensus on the most leading causes of morbidity and mortality in both developing and developed countries, illustrating a common trend.

Health Promotions and Disease Prevention: The more the three intercomplimentary dimensions of health education, maintenance of health and disease prevention overlap, the more health promotion is achieved. It was also agreed that inequalities early in life will be translated into ill health at old age.

Research Methods and Skills: For proper planning, research methods and skills are required. One has to see what one is looking for (research), how one will proceed (methods), and by what means (skills). The purpose of any research is to gather data, reflect upon interpreting it and finally design a way forward.

Health Services for the Elderly: Health services require a lot of teamwork. The importance of a rehabilitation team was emphasised. Health services start at the level of care givers, to private practitioners as well as services at primary health centres.

A Spanish researcher is presently researching change in the lifestyle and well being within the care givers (primary care giver is usually a daughter) of clients suffering from stroke. The findings are already remarkable although the work is not complete yet. Practical guidelines on how to conduct research and how to handle the difficulties that might crop up, were also featured.

During the course there were also group sessions; groups had to tackle a problem or a situation presented by the lecturer. Through such groups it was noticed that professionals of different levels around the world have similar problems and come up with similar solutions.

Finally, the most important part of the course, especially for the foreigners, were the site visits. Their feedback was positive and they felt that Malta, when compared to other countries, has a high standard as regards care of the elderly.

Recommendations put forward:

* Use of functional status of elderly, not chronological age for purposes of planning health services for the elderly.

* Implementation of disablement prevention to primary, secondary and tertiary level, and also link prevention of disability to rehabilitation.

addition of years to life through improvements in the health and socio-economic aspects of the elderly.

* Making healthier promotion relevant and practical to people by providing facilities that promote health.

‡ A multidisciplinary approach is essential to the provision of health care services for the elderly.

* Creation of a prosthetic environment is essential for the elderly, e.g. telephones with big push buttons, special door knobs.

* Prevention of disability can also be maintained by training the care givers in preventing infection, the social neglect, and isolation, all of which lead to mental problems.

Education and planning as regards the way to day living of the aged should be considered. Proper housing, easy accessibility to medical centres and healthy government policies should be implemented.

Overall the two weeks were very stimulating and proved to be an excellent learning environment. A significant amount of knowledge was gained from this unique experience within an interesting mix of backgrounds, cultures and disciplines.

The International Institute on Ageing is also on the Internet. For all those that would like to make contact, the address is as follows:

<http://www.inia.org.mt>

SPECIAL PROJECTS IN OCCUPATIONAL THERAPY

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O.T. Courses Co-ordinator,
Institute of Health Care*

One of the requirements of Occupational Therapy Diploma Courses held by the Institute of Health Care is the submission of a Special Project in the form of a comprehensive case study.

This is not entirely new practice in the OT educational field in Malta: students following early Department of Health courses were also required to produce a number of case histories from different clinical settings as well as a Log Book which recorded their clinical work.

The recent re introduction of Project Work in OT Courses motivates us to reflect on its undisputed validity and relevance to training.

Rationale

An individual's potential cannot be solely gauged by his ability to reproduce text under examination conditions. Clinical placements, although effectively the most obvious means of bridging classwork with the clinical application, may be conditioned by a tendency of students to follow prevailing convention without proper understanding of actual treatment.

The special projects afford students the opportunity to produce their own work. It is the right medium to ascertain the level of assimilation, creativity and insight in relation to the whole therapeutic process.

It should also motivate students to initiate an objective validation and critique of treatment methodology with the attendant ap-

praisal of principles, procedures and the introduction of new techniques or activities.

All this should be ideally complimented by a literature search of wide scope which will broaden the student's vision, stimulating his interest and informing him of new possibilities of thinking and research.

Implementation

Before a student can start work on a project he has to present a written proposal of his intended case to the Board of Studies who in turn will determine if this proposal is feasible.

When the student's proposal is approved by the Board he would be able to embark on the main body of his work which entails the assessment and treatment of the selected client.

Concurrently, the student will elaborate the documentation of his clinical intervention, linking it to a supportive conceptual framework of principles and theory related to the particular case selected.

A clinical supervisor is also assigned. His role is to guide the student in treatment programming and data collection. Later, the supervisor will contribute in the assessment of the project and the final marking. The Project is assessed through an Oral Presentation which will form a part of the Final Comprehensive Examination.

Selecting clients and clinical supervisors for each student may have subjected OT departments, already quite under-staffed, to considerable strain.

The continuity of treatment as well as contact between students and clients may not have been ideal.

Personnel, both in the clinical as well as in the academic field could not have foreseen all the eventualities which this exercise has brought about.

However it can be confidently said that all parties involved have benefited in one way or another, and this initial effort has served as a good learning experience.

A certain degree of bias could be noted both in the students' choice of cases and in the body of text they have produced.

A predominance of cases from the physical field with a predilection for neurology, particularly Stroke, was very evident. Generally students also tended to emphasise theory to the detriment of an in-depth consideration of the clinical aspects of their case.

With these outcomes in mind, the Board of Studies will be considering the amendment to the Project Guidelines to help direct students towards a more clinically orientated approach.

The Finnish 'Hands-on' Experience

M. Bonello, Dip. O.T., SROT Senior O.T., SLH

Twenty-four hundred years ago, the respected healer, Hippocrates emphasised to his students, 'First of all, do no harm'.

Complications in hand therapy consist of those that are created for us and those that we create. Surgery of the hand because of its complexity, brings to bear firm principles and techniques. Every therapist involved with the treatment of the hand, must understand and employ these principles. Problems and complications may be prevented when a team approach to the treatment of the hand is undertaken by surgeons and therapists.

The 3rd International Congress of the International Federation of Societies of Hand Therapists was held concurrently with the 6th Congress of the International Federation of Societies for Surgery of the Hand in Finland, (June 1995) to promote the unrestricted, complete and latest knowledge amongst the participants.

Due to my involvement in all hand therapy programmes being administered at St. Luke's Hospital, and my regular correspondence with various Hand Therapy Associations overseas, I was asked by the Scientific Committee of the Hand Therapy Congress to chair a session with the title 'Hand Burns'.

Plenary sessions were usually addressed by distinguished figures in hand therapy and hand surgery (including James Hunter, Evelyn J. Mackin and Elaine Fess), whilst afternoon sessions were devoted to free papers i.e. 10 minute presentations relating to the main theme e.g. The Rheumatoid Hand, Nerve Injuries/Compressions, Ergonomics and Return to work.

The chairing of my Plenary Session consisted of five consecutive speakers followed by a discussion. Our first invited speaker was supposed to be N. Vytialingham, from Malaysia who unfortunately could not make it to the congress due to a medical problem. This did not alter the sequence of the day as his replacement, Mr. Jang Meng from Singapore delivered his paper.

The most innovative presentation in my session was called 'The Silicone Glove' presented by E. Van der Kerchove from Belgium. This audio-visual presentation explored the therapeutic treatment of a lady with severe third degree burns in both hands. It dealt with the personal experiences of all regimes that had been tried out to treat the scars and restore hand function, including Silicone Gloves. These gloves which were still being tested on a limited study group, seemed to offer great benefits against hypertrophic scarring whilst still allowing a high level of functional independence.

The range of subjects tackled in the rest of the other congress sessions varied from purely scientific and research based papers, such as 'A Comparative Study on the Functional Range of Motion on the Normal and Rheumatoid Hand' to more practical treatment techniques such as 'What makes treatment of RSD successful'.

A paper presented by a Swiss and a German therapist interested all professionals working within the hand rehab setting. They proposed a European based course of studies leading to a formally recognised qualification.

Apart from the formal presentations, one could also browse through a commercial and technical exhibition promoting hand rehabilitation products, (including various computerised hand evaluation systems)

All work and no play makes Jack a dull

boy! Apart from the scientific programme, the organising committee made sure (at a murderously expensive price) that all the international participants would leave the country with a clear idea of Finnish customs; food and drink, traditional music, and the famous sauna tradition by planning different evening events.

Following the congress programme, I was invited to attend the Council Meeting of the International Federation of Societies for Hand Therapy. After the committee member's reports, issues such as publications, pioneers of hand therapy award, progress report for the 4th IFSHT (to be held in

Vancouver) and applications of new members were discussed.

After some discussion by committee members, Malta was welcomed as a corresponding member. Full membership is only possible if a local hand therapy association is set up. Any one interested in such a venture is welcome to contact me.

This meeting brought the successful congress to an end. My thanks to the organising committee who worked incessantly for 3 years creating such an exciting and interesting experience.

THE MALTA ASSOCIATION OF OCCUPATIONAL THERAPISTS NEWS:

by Stephanie Vella, Dip. O.T., SROT

EVENTS FOR YEAR 1995 - 1996:

Social Events

1. 10th Anniversary Celebration, Pizza Night at the Mistra Village.
2. Christmas Lottery and Christmas Lunch held at Manhattan Restaurant.

Educational Events

1. A Study Morning with the title of "Mental Health Rehabilitation: An Interdisciplinary Approach" was organised by the MAOT. Most of the work to set up this event was done by the public relations sub-committee. At this event various speakers from the mental health teams, that is the hospital based and community based members, were invited to participate. Also patients following a treatment programme and their relatives gave their experiences. The study morning was well attended by professionals from the medical and mental health fields, students and other interested persons. This educational morning was sponsored by two pharmaceutical companies, Smith Beechame and Kline (Alf. Gera & Sons) and Vivian Commercials.

2. An MAOT library has been set-up; this is based at the Occupational Therapy Department in SLH and non-members are to contact the secretary for viewing and borrowing.

3. The need to set up sub committees was felt by the MAOT and three were set up:-

-> Public Relations sub-committee

-> Publications sub-committee

-> Fund-Raising sub-committee

These were successful in their specific areas. More members are invited to join and participate. If interested contact the secretary TODAY on 344917 or 337857

4. As part of our on-going campaign to provide OT, various OT's were invited to participate at a number of talk shws on various radio stations.

5. Elected committee for year 1996-1997 at the Annual General Meeting held at the Institute of Health Care Auditorium on 1st June 1996.

-> President - Mr. R. Mifsud

-> Vice President - Ms. J. Chetcuti

-> Secretary - Ms. S. Vella

-> Assistant Secretary - Ms. B. Falzon

-> Treasurer - Ms. M. Camilleri

-> Members - Mr J. Abela, Ms. G. Attard, Ms. C. Scerri

6. Do Not Forget To Renew Your Membership

=> Qualified OT - LM3

=> OT Students - LM1

And if you are not a member contact the treasurer Ms. M. Camilleri or the Secretary Ms. S. Vella for information about our association.

Important: Look out for this space in the next MJOT issue for more news.

Research: The following letter was received from an O.T. Colleague in the U.K.

Dear Colleagues,

Splinting and Casting abnormal Muscle Tone - An Exploration of International Practice.

I am a Senior O.T. about to undertake a research study which is part of an M.A. in research Methodology. The study will aim to explore current practice by O.T.'s working in Paediatrics and Neurology, who use or have considered using, splinting or casting in the management of abnormal muscle tone.

It is hoped that O.T.'s from the forty five countries who constitute the World Federation of Occupational Therapists will participate in this study, to enable similarities and differences in practice to be identified.

The findings of the study will be used to try to develop a protocol for splinting and casting abnormal muscle tone in the paediatric and adult populations. It is anticipated that this protocol could then be used to undertake a number of clinical trials.

The study will require you to complete a questionnaire, and possibly to participate in an interview. All participants are guaranteed anonymity, and their responses are confidential.

If you would like to participate in this study, please contact me either by letter, fax or E-mail at the following address:

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Fax: (0121) 627 8210

E-Mail: *Niel C @ msn.com*

FORTHCOMING EVENTS

LOCAL:

A seminar entitled "Palliative Care Revisited - The Care of Persons with Advanced Cancer" is being held on 12th October 1996 at the Institute of Health Care. The Seminar is being jointly organised by the Malta Hospice Movement, and the Institute of Health Care. Further details can be obtained from the Communications Officer, Institute of Health Care (Tel : 2595-1827 or 244971). Participants will be accredited by the joint organisers.

ABROAD:

Therapy through riding was developed in the early 1950's in Europe as a tool for improving the lives of individuals with disabilities. Because horseback riding gently and rhythmically moves the riders body in a manner similar to a human gait, riders often show improvement in flexibility, balance, muscle strength and self esteem. Individuals with virtually any type of physical, cognitive or emotional disability can benefit from therapeutic riding.

The ninth International Therapeutic Riding Congress is being held in July 14-17, 1997, in Denver, Colorado, in the United States. Held every three years, the congress provides an opportunity for professionals from all over the world to share advances made by therapeutic horseback riding activities for individuals with disabilities.

More information can be obtained from

The North American Riding for the Handicapped Association,
P.O. BOX 33150, Denver, CO 80233, U.S.A.

Is there anything you'd like to tell us?
Comments and suggestions? Letters? Articles?
We'd like to receive them. Write to:

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