

Episode 6 – Career Spotlight: OT

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SPEAKERS

Bernice Lau, Allee Thompson

Bernice Lau 00:15

Hello and welcome back to the rehabINK podcast. My name is Bernice and I'm a second year student in the Physical Therapy program at the University of Toronto. Throughout my program, I've had the chance to learn about and work alongside many occupational therapists or OTs. However, before starting school, I really didn't know who they were or what they did. So in today's episode, we'd like to spotlight the OT profession and give our listeners a chance to learn about the important role that they play. Today I'm joined by Allee Thompson, who is a second year PhD student here at the Rehabilitation Sciences Institute at the University of Toronto, and also a recent graduate of U of T's Master of Science in Occupational Therapy program. Drawing on her training in occupational therapy, her PhD work aims to develop a mobile health intervention for community based stroke rehab, which combines theory around self-management support with evidence-based stroke best practice guidelines and lived experience from multiple stakeholder groups. Outside of her thesis work, she's involved in a number of research projects and committees related to student mental health, and is also a senior editor at RehabINK.

Bernice Lau 01:28

Thanks for joining me today, Allee.

Allee Thompson 01:30

My pleasure to be here. Thank you for having me.

Bernice Lau 01:33

Yeah, keeping you inside during this like really sunny day.

Allee Thompson 01:37

I'm going out right after this.

Bernice Lau 01:40

Yeah, same. Okay, so just to start off for our listeners, for anyone that doesn't know what occupational therapy or OT is, can you just give like a brief nutshell description of what OT is?

Allee Thompson 01:52

Of course, I've been practicing this since being in the OT program. Not a lot of people know what OT is and that's fair. So I'm just going to quote the Canadian Association of Occupational Therapists here, the official definition. Occupational therapy is a type of healthcare that helps to solve the problems that interfere with a person's ability to do things that are important to them. So everyday things like what OT is considered to be categorized into self-care activities, productivity activities, and leisure activities. And so, OTs help people of all abilities to do those sorts of things. People's conditions and impairments can be variable, but the overarching goal is to help people participate and engage in any sort of activity in life, whether it be self-care, productivity, and leisure, no matter the health condition. And I think the confusion with what OT is or what OTs do, really comes from the word occupation, of course, and people joke, I don't need a new job, like, I don't need an OT then. Because occupation obviously implies job but what OTs are referring to with the word occupation is more what occupies your time. And just thinking about the very broadly, literally anything we do walk up over time in a day, and OTs want to help people do the sorts of things that they need, want, and love to do in a day. Do you think that helps clarify your understanding of it?

Bernice Lau 03:03

Yeah, I think so. Definitely, for me, so I think for other people as well. So it's like a really big range, because you said activities that you do throughout your day like activities of daily living...

Allee Thompson 03:13

Yes.

Bernice Lau 03:14

Anything to do with work, or hobbies and stuff. All that would be included?

Allee Thompson 03:19

Exactly. Yes.

Bernice Lau 03:20

Basically, everything that someone would do in their life.

Allee Thompson 03:23

That's, I guess why it's hard to have the elevator pitch and also fully grasp what OTs do. My sister still struggles with defining it.

Bernice Lau 03:30

If you had to describe it in five words or less, what words would you choose?

Allee Thompson 03:35

Okay, so when I thought about this question, I kind of wanted to cheat a little bit. I'm going to use three acronyms. So it kind of has many words within these words. One is the ICF model framework. And then two is the PEO model. And then three is the CMOPE, or C-M-O-P-E. These are all sort of models or frameworks that describe or think about health and functioning disability in terms of a really holistic approach that involves environment, the person, and activities. The ICF is a framework, outside of OT that you're probably very familiar with. Everybody in rehab is very familiar with.

Bernice Lau 04:10

Oh yeah, for sure.

Allee Thompson 04:11

And it includes things like activity and participation, as well as body structure and function, and consider all those pieces on top of environmental factors when thinking about somebody's health condition. And then the PEO or the Person Environment Occupation model is a really famous model in occupational therapy and it talks about how occupational performance, which we think is related to health, is at the intersection of person factors, environment factors, and occupation factors. Environment also can mean the structural environment, the social environment, etc. And then similarly, that third model I mentioned, the main model of occupational performance and engagement is also an occupational model and... which it also explains how occupational performance is at the intersection of the person, environment, and occupation. I wanted to provide the three models in case there's any listeners out there who are thinking about applying to OT, and you're not sure what to include in your application. I'd say reviewing the ICF, the PEO, the CMOPE would definitely be a really good start for you to kind of get a sense of the holistic nature of occupational therapy and its focus on 'doing' in its relation to health. So we need a little bit more catered to the prospective students.

Bernice Lau 05:23

Good answer that was like a good segue to the next section. But going back to the five words, not to put you on the spot or anything, but if you could pick something that's not an acronym, like a lay person word...

Allee Thompson 05:36

Right. My two summary words for those models would be holistic and doing. One, because holistic captures the fact that our lens or like our frame of reference is always interacting the person, the environment, the occupation together and thinking about health and that interactive kind of holistic approach. And then doing because I think the concept of doing is somewhat easier to grasp than occupation. It's what makes her profession unique in comparison to other rehab professions, with a focus on doing.

Bernice Lau 06:05

Okay, so the holistic and doing is like the main focus of OT.

Allee Thompson 06:11

In my opinion. Is there another word that comes to mind from you, through your experience being on placement as a PT student?

Bernice Lau 06:15

For me placement, it was in acute care. So I did work very closely with OTs, but what I worked with mostly on was they did a lot of seating for wheelchair which helps the patient in their act of doing something.

Allee Thompson 06:30

Right. Yes.

Bernice Lau 06:31

Is that correct?

Allee Thompson 06:32

Exactly.

Bernice Lau 06:34

Okay, but a lot of the times the healthcare team, they always referred someone to OT and PT together, because I think most even in healthcare, most people don't know there's a difference between the two. Why would someone need to see an OT and not a PT for a certain situation?

Allee Thompson 06:49

I've heard about this one, when you differentiate the two. PT would help you walk and then OT would help you dance or something where it's more of like an activity focus.

Bernice Lau 07:01

I mean, for us, and like physio, we always aim for patient centered goals. So they always ask us, when we're setting goals for people, it's not only being able to walk like 100 meters, it's because they want to walk to the grocery store, frame it like that. So would OT be more focused on the act of going to the grocery store?

Allee Thompson 07:22

Yes, it's hard to define because it just varies so much according to the context of the practice setting. Because in one setting, maybe if there's other disciplines aren't interested in cognition as much, or social aspects, then OT will definitely fill in those gaps. Whereas if a team is really staffed really well, with social worker, a neuropsychologist, maybe like OT will do a little bit less than that, and then find another gap in the person's holistic care. It's very fluid.

Bernice Lau 07:51

Okay, I kind of got the sense of that fluency speaking to other students in the current OT program during our interprofessional events that we have with U of T for all the healthcare students. So they were talking about all the different placements and stuff they had. And to me, I wasn't previously aware of all the different settings that OTs could work in. So would you be able to give a summary of all the different settings, just because for me, I've only been exposed to it in hospital settings. I actually didn't know that they work in private practices too.

Allee Thompson 08:24

Yeah, there's the hospital was the typical one, private practice... There's also like a lot of role emerging placements happening at U of T and probably other universities. My close friend in the OT program, she worked at OCAD doing something around inclusive design, so that's an emerging space. I did a research project on workplace mental health. Some OTs are like working at the organizational level, thinking about how to promote mental health across the whole workplace. So like working with the organization, not the just the individual, that's getting very specific anyway, so I think hospital, private, and then there's just this huge category of role emerging where OTs are starting to apply to jobs where they aren't actually called Occupational Therapist on the job posting, but might be like Disability Specialist or Return to Work Specialist or Inclusive Design Specialist or something. Does that sound different from PT?

Bernice Lau 09:15

It does, because I've never heard of like, the whole role emerging aspect. Yeah, cuz it sounds like you can just fill in a lot of gaps, like wherever it's needed. And it's not like a specific set role that you just apply for. But I have heard about a lot of OTs, they work with psychologists. So is that part of the private practice space?

Allee Thompson 09:35

I know my close friend, she did a role emerging actually placement, at a psychology clinic where there was no OTs already working there. So then she just went in as an OT student and kind of created the role for herself in collaboration with the, I'm assuming, interdisciplinary team, to kind of figure out how OTs add a different perspective to I think dominantly, a psychology clinic.

Bernice Lau 09:58

Did she mention what exactly she did on a day to day basis like, what was her role with the patients that were going to the psychology clinic?

Allee Thompson 10:05

I think if I remember correctly, she was doing something around emotion-focused therapy with children, which is interesting, cuz I think that's something that also, of course, could be done by a variety of professionals. Because psychotherapy is something that is an act that can be performed by, of course, like psychotherapists, and also social workers can be considered psychotherapists and OTs. So there's some overlap with psychotherapy, but I'm sure that on her placement, to kind of define the OT role as unique, she would take a very activities of daily living focus in her goals with clients.

Bernice Lau 10:41

Yeah, that's really cool to have she got to do that for herself.

Allee Thompson 10:44

Yeah, it's exciting.

Bernice Lau 10:45

It definitely is. Like the future of rehab, basically, filling in wherever we find the gaps.

Allee Thompson 10:53

Exactly.

Bernice Lau 10:54

So just going back to students that are considering applying to OT. For you thinking back to after undergrad, what made you choose to apply to OT, as opposed to other rehab professions, such as PT or SLP. And I'm just assuming that you didn't, unless you applied to all of them and just chose OT. But...

Allee Thompson 11:16

I love this question because it's so confusing in undergrad. I think I've just been considering some sort of healthcare profession since high school. I was in --- class, I was interested in pharmacy, and then later high school was really into psychology. And then in undergrad, I went through phases of like going back and forth between psychology and like medicine. But then I actually babysat for this woman who is an OTA/PTA, or I'll define that acronym- the occupational therapy or physical therapy assistant. And I just got to talking about her work. And then she ended up facilitating conversation with an OT, and then I shadowed a few OTs. And then I was very intrigued by their passion for what they do. And if anybody's talked to an OT ever, if you ask them what OT is, or if they should go into OT, you'll see their faces just like a light up, because it's such a small community, and everybody wants to talk about it. So their passion was very fascinating, intriguing to me. So when I started looking into it, I think what really sold me was the focus of the profession on meaning and purpose. And I didn't see that anywhere else, kind of like the main focus of other professions. And that's something that is just completely ---, I can't go back from that it was just like very important to me.

Bernice Lau 12:25

It always helps talking to someone that's in the field or seeing the passion that they have when they talk about it.

Allee Thompson 12:31

Yeah, they're so excited. I was like, this is a good sign.

Bernice Lau 12:35

And I'm sure that helps with your applications, too. If you actually know about what the program is and how it differentiates from others.

Allee Thompson 12:42

Definitely, yeah.

Bernice Lau 12:43

Was there any topic... because I know you said that people in OT love talking about OT... is there any specific topic within that, questions that you hate answering, might be like, what is OT?

Allee Thompson 12:58

Yeah, I was going to say like, I guess it's what is OT? On one hand, it's frustrating, because that just means that the profession, you know, has still a ways to go and being well known and marketing ourselves, but then in their hand, you still like, can't help but be excited, like the OTs I talked to when I was in undergrad and advocating for the profession. So it's my least favorite question, but also my most favorite question... same time.

Bernice Lau 13:21

So if you were to better advocate for the OT profession, what methods do you think would work the best for it?

Allee Thompson 13:29

As a PhD student, one of the reasons that I got interested in doing research is because I think research is one way of helping the profession advance and then hopefully, become more well-known and respected by having a greater presence in the research community, as evidence-based medicine becomes so important. So my hope is that on some level, I'll contribute to the advancement of how well known our profession is... the research. But of course, there's like many, many ways.

Bernice Lau 13:58

Yeah, I feel like the first step is always just knowing that this is a service, I guess, that people can look into. Yeah, since you did mention that you're in the PhD program, we can go into that topic now. Yeah. So from your intro, you're a second year PhD student at the rehab Sciences Institute at U of T. So can you just briefly describe what you're doing in your PhD project?

Allee Thompson 14:25

Of course, my research aims to answer this broad question. How can mobile health technology or commonly referred to as M health be used to enhance self-management support and quality of life for people living with stroke? And how I got into this is kind of a two-fold thing. Firstly, when I was thinking about applying to the PhD program, I knew I was interested in brain injury and so I started to read literature on research priorities in brain injury and rehab and, of course, advancing rehab interventions through technology was highly rated priority. That was just kind of the background of my brainstorming around what I would propose in my PhD application. And then at the same time I was on field work in my second year of the OT program, and I was on an inpatient stroke unit. And I could notice that patients and clinicians were incorporating and like integrating mobile technologies like smartphones, or laptops, iPads into therapy in some way or another. But it was definitely not driven by research evidence, or there was no guidelines to kind of direct that. But it was more like, for example, I saw speech therapists recommending speech therapy apps, or during OT interventions, where OTs were trying to help people figure out like where they would have problems in the community, you'd go over their daily activities. And of course, a huge part of our lives now are using phones to help you organize your life and communicate with your loved ones. So cell phones, we just kind of become a part of the ADL based therapy just in the way that like, "oh, let's see if you can if you practice dialing, not 9-1-1, but practicing dialing your phones," like how can you use a cell phone right now is a huge indicator of how you'd function the community, on one sense. I saw these sort of mobile technologies being used in

rehab, but not in a systematic way. And combining those two ideas and looking more into the literature, it does seem like there's a lot of emerging work on mobile health, or mobile technologies in rehab. And specifically, across different conditions, it looks like people are really interested in it looks pretty promising thinking about mobile health technology in terms of what is commonly called self-management support interventions, which broadly is an intervention that is about aiming at helping patients acquire that knowledge, confidence, and skills for self-management of their condition. That can look like things like having reminders on your phone to take your medication, for example, or using the phone as like a device to enhance collaboration with team members, thinking about your goal setting reminders around your goals and rehab goals or potentially exercise reminders, exercise videos. So really, it's lots of possibilities. And it seems like it's just the beginning of what could be a very promising addition to rehab therapy for stroke patients.

Bernice Lau 17:12

So it's more than just using the cell phone. It's about how we can enhance OT therapy.

Allee Thompson 17:21

Yep, it's not about replacing, that's definitely that's not the right approach. But augmenting therapy. So my research aims to develop mobile health based intervention for self-management support for stroke in collaboration with a variety of stakeholders interested in working with stroke patients, clinicians, family members, and other stakeholders to co design an intervention and what's in the exact method I'm still sort of figuring out, but essentially, I'll be taking the user centered design approach to co design an intervention.

Bernice Lau 17:53

Okay. The intervention in this case, would it be like an app, or some sort of platform that could be run on like a tablet or a phone?

Allee Thompson 18:01

Potentially, yeah, yeah. I'll be doing interviews in the fall, to kind of interview patients, clinicians, and caregivers around needs for this sort of technology for self-management and also hopes, dreams. So we'll try to collect a bunch of ideas. I have a bunch of designer requirements and needs from people. Then narrow it down during like a codesign workshop kind of study into more of a solidified which technology, for example, like, will it be a tablet, and then what is the content of the intervention, etc, will be then sort of after the following studies. So I'm just trying to keep an open mind at this point without being too stuck in like it's going to be an app because through listening to speakers and design research and reading literature and design research, it seems like it's good practice to keep an open mind and not be stuck on a particular technology device in the beginning but to be open-minded as you go in and see where it takes you.

Bernice Lau 18:55

Yeah, I do remember when I was doing my acute care placement, I do remember the OTs, they had like an iPad they would bring to go work with the patients. One, in particular, did have a stroke. This is what your project kind of reminded me of. I didn't get too much information into like what exactly they

did with the iPad. I think they're trying to get them to use their right arm more. So to have them like touch something on the iPad, like a square that's a certain color.

Allee Thompson 19:25

That's amazing. I'm smiling so hard right now. Glad to hear it.

Bernice Lau 19:29

I feel like that's where your projects going to go in the future.

Bernice Lau 19:38

After you finish the OT program, what year did you finish in?

Allee Thompson 19:42

I graduated the OT program in 2019 and then entered the PhD program at RSI right after in the fall 2019.

Bernice Lau 19:51

Okay, what made you pursue that directly after finishing the OT program as opposed to working for a couple years because I know a lot of people like that do go back into their PhD, but it's because they've worked for a couple of years, and they saw something while they were working, which inspired them. So what made you very certain that that was the next step that you wanted to take?

Allee Thompson 20:12

Yeah, this is a common question and I give my talk to students who are thinking about pursuing potentially researcher, of course, there's no right answer. And either way, you can be super successful. Most people, I think my friends in the program did work a bit before entering. So if you do take that approach, you're in good company. But my decision to do it was based on, one, momentum just being in school. Also, secondly, connections, like I was already building connections with my supervisors in the OT program and so I thought it made sense to just keep up with that while I'm connected with them and have the momentum. And I because I felt like I would come back eventually. As much as I loved the idea of having a question, based on my clinical experience, I didn't know where to be working and where I got a job right after would the area of research I didn't want to be in so connections and momentum. That's what I think.

Bernice Lau 21:03

Yeah, that's totally fair. I think someone told me once, "oh, like once you leave school, it's really hard to go back in."

Allee Thompson 21:05

That's what I've heard as well. But people do they come back. Yeah. If it's in your heart, you'll come back.

Bernice Lau 21:10

Yeah, I agree with that, too. I took two years off after undergrad and then I went to PT. So it works out if you really want it to. So, did you know your supervisors in the OT program, like were they professors in it?

Allee Thompson 21:28

My OT project actually was with a different professor. When I entered the OT program, I wasn't sure if I was always kind of debating a PhD in the background. And then, in terms of my topic area, I wasn't sure I wanted to be more focused on mental health or more like cognitive rehab. So then I did my OT project during the OT program was on mental health really enjoyed the research experience and and the project general. But then being on placements, I had a mental health placement and also a stroke placement. And the stroke placement really made it feel like that was kind of direction I wanted to go. So based on placement experience, but then I also I knew my supervisor from being on the OT research committee. My faculty supervisor, Dr. Emily Nalder, she was also on that committee. And so I got to know her through that. And we were chatting about it casually, and then it felt like a great fit. And I'm really happy. Yeah.

Bernice Lau 22:16

That's great. Yeah, like one thing kind of led to another and they just kind of go with the flow.

Allee Thompson 22:20

Yep. That's how that happens. And it's true.

Bernice Lau 22:25

If you weren't doing the PhD right now, and like you decided to go work, is there a particular area that resonates most with you?

Allee Thompson 22:32

I really, really enjoyed the stroke placement. I know it's hard to get your dream job after OT or PT school. So I wouldn't never I don't think I would have expected to be like anywhere close my dream job right after graduating. But I'd definitely like working towards probably like some sort of neuro job.

Bernice Lau 22:51

Okay. So like the stroke unit in like an acute hospital, basically.

Allee Thompson 22:56

Like a rehab hospital. I like that setting.

Bernice Lau 22:59

Yeah. Was that the setting that you had the original, like your stroke placement in? The rehab?

Allee Thompson 23:05

It was an inpatient stroke unit. Yeah. So like post acute. It's in between, like the acute stroke and then right before people go back to the communities.

Bernice Lau 23:14

Did you ever debate and working part time while also doing the PhD? Or do you think that would be too heavy?

Allee Thompson 23:21

Yeah, a lot of my PT friends in PhD program do work, so it's definitely possible. And I went in being like, that's what I'm going to do, like, keep up my clinical skills and not want them to get rusty. But at the minute, I feel so busy already, and just kudos to everybody who does that but I, maybe at the end, maybe if somehow I have more time? I don't know.

Bernice Lau 23:39

Yeah. It already seems like a lot. Is that a fear though, not practicing clinically?

Allee Thompson 23:46

It was more of a fear, like when I was exiting the OT program, because now I just I have more faith and confidence in myself in general. Imposter syndrome, you know, a lot of grad student experience it, but I feel like it was a lot more intense when I was in the OT program. I'm still registered and I'm keeping it up in one sense, like doing research and stuff, it all counts.

Bernice Lay 24:06

Yeah, I guess it's kind of like riding a bike. You already learned it so you just have to like relearn it when you go back. And I'm, and lots of it is like on the job training?

Allee Thompson 24:15

Yeah, every setting is so different.

Bernice Lau 24:16

Is there any specific advice that you've given to people that have asked you similar questions about going directly from their clinical professional program directly into a research grad program?

Allee Thompson 24:29

I just tell people to follow their gut. So I don't know how helpful it is but I think that's really the only answer.

Bernice Lau 24:37

Yeah, that's fair. I think that's the...

Allee Thompson 24:42

You can be successful either way. Yep.

Bernice Lau 24:43

Yeah, I think either way, something will work out in the future. If there was one thing that you'd like to change about the OT profession, whether you learned it through your school, the placements, or currently in the research that you're doing, what would it be?

Allee Thompson 25:00

What I really want to see changing and what was partly motivated me to pursue a PhD to you was my hope is that there will be a greater presence of OTs in research to advance our profession and evidence-based medicine. And because I know when I was in the OT program, a good proportion of the research that we'd be using to base our interventions off of, to base what we do, a lot of the times, it's not necessarily led by OTs, not to say the like, of course, there's lots of OTs in research still, but I think it's around only 1% of the profession is in research. So I just, I'd love to see that increase to advance our reputation, we have a very important lens to bring to research. And researchers in rehab are just amazing people. So if anybody listening out there is interested, or even just slightly interested, scared to think about it, but like kind of interested, feel free to email me. I would love to try I love trying to convince OT students to pursue research after the clinical program.

Bernice Lau 25:55

Any closing comments or remarks that you'd like to give to any listeners out there, whether they be students debating to apply to OT, or anyone trying to go to do like a graduate program after they're finished their professional degree?

Allee Thompson 26:10

It is just a very, it's, we base all of our theory and like interventions around being a holistic healthcare provider and filling in gaps, and also collaborating with other professions. So if that sort of holistic, collaborative, client-centered focus on meaning, purpose, any of those sorts of ideas resonate with you, I'd say look into OT, it might be a good fit for you. And there's lots of as I was saying earlier space for emerging roles. So the job prospects are looking good. I hope that I've shared my passion. Just like when I was in high school, or undergrad, I talked to an OT. These are great people and really fun to be in this profession. You can always reach out no matter what stage you're at, in your your journey into thinking about it. I'm happy to chat. That's it, right. I'm trying to sell OT. But thank you so much for having me. I've really enjoyed this conversation Bernice.

Bernice Lau 27:06

No thanks for sharing. I learned a lot. Thanks for spending your afternoon chatting.

Allee Thompson 27:10

Thank you for having me.

Bernice Lau 27:17

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